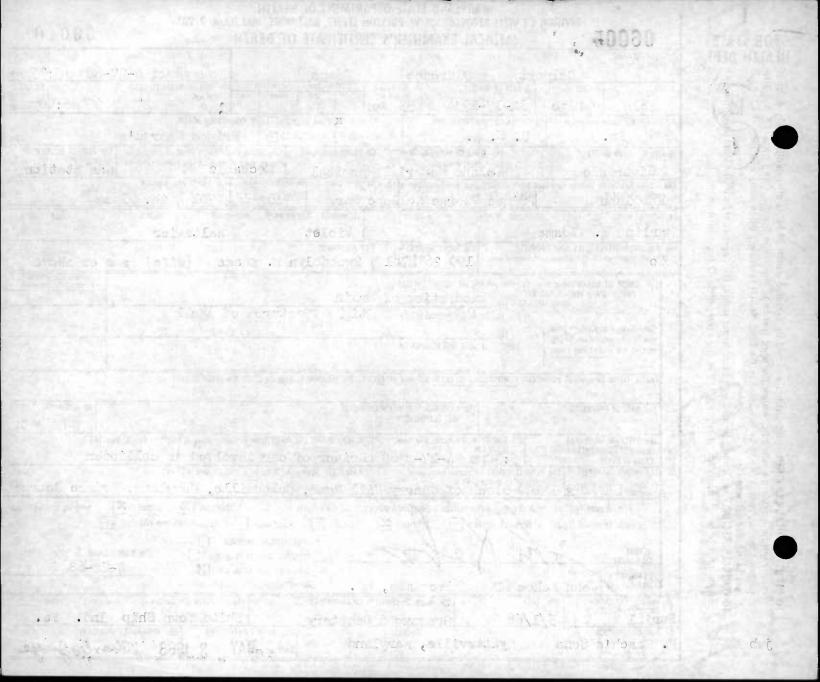
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06010 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) DEATH MATED X Delmont Clarence Adams 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD puo 68 196: Opm M Male White 12-17-1934 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9. COUNTY OF DEATH country) U. S. A. Pa. DIVORCED [Prince George's WIDOWED | State in Item 18. Give Poges 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR ofter death WDUSTRY Station give_street address) ducing most of working life, even if retired.) Riverdale Leland Memorial Hospital poges 1 and 2 with 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER George College Park YES NO 9701 48th, Place hours Office ofter IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Last Marlin E. Adams Violet Waltemier hours 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within in pencil (Yesono, or unknown) (If yes give war or dates of service) 190 26 4781 Gwendolyn R. Adams (Wife) Same as above File within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND OFATH the Chief Medical "pending" PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Multiple fractures of skull burial-tronsit Conditions, if any, which gave rise to immediate couse (a). writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal used (190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificate, be 4 should be 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 0 3 should PRIMARY TOTOR CONTRIBUTING T cremotion, Driver of car involved in collision 4-27-19 68 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State fordory, office building, etc.) 11100 block of Cherry Hill Road, Beltsville, Maryland, Prince George for your FUNERAL DIRECTOR: Page 22a. I certify that I taak charge/af the remains described abave, held an Autapsy , Inspection , Inspection , Inquiry , Inquiry and in my apinian the funeral director. Accident X. death resulted fram: Natural causes Suicide . Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT 4-28-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) John Riverdale, Md. Kehoe MD ADDRESS(Street, city, tawn, ar county) 23a. BURIAL, CRÉMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (County) (State) Burial (Specify) 5/1/68 Greenwood Cemeterv White Town Ship Ind. Pa. 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE TWO R A 15ME (5) F. Gasch's Sons Hyattsville, Maryland WAY 1968 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

		1		06006	CERTIFICATE OF DEATH	06011
death.	and 2 death.	1		CEASED-NAME First ype ar print)	Middle 20. DATE 0	F DEATH 2b. HOUR Month Day Year
ofter de	The state of	1	3. SE	4. RACE	S. DATE OF BURTH	6. AGE (In years IF UNDER 1 YEAR IF UNDER 14 HRS. lost birthdoy) MONTHS DAYS HOURS MIN.
within 24 haurs after	4)		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT	MARKIED THEYER MARKIED	F DEATH
24 h	filled in papers hin 72		COUN	oth Egroleria U.S.	OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION	Une Leveryer Md
vithin	ely filled ban pag within	90		restville md.	et address)	N (Kind of work done plife, even if retired.) INDUSTRY
executed v	ician and campletely filled in lease remave carban papers and in any event, within 72 h	47	130. admi	USUAL RESIDENCE (Where deceased lived, if institution sian) STATE-13b. COUNTY	Residence before 13e. CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e. S	TREET AND NUMBER
e exe	and co	3	14. F	ATHER'S NAME O First Middle	Lost IS. MOTHER'S MAIDEN NAME First	Middle Last
certificate be	please please Il, and ii				D. SOCIAL SECURITY NO. 17. INFORMANT	Address
ertific	n p		У	os, na, ar unknawn) (If yes give wor or dates of service)	MAYTHA E. CONAI	NT-3701-CAMden STS
	en The			 CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: 	or (q), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death	permit.			162 / IMMEDIATE CAUSE (a)	CONSEQUENCE OF	nar weer
at th	the sit			Canditions, if ony, which gave rise to immediate cause (a), (b)	Carrinon King	
res th	ed by al-tran al, cre			stating the underlying cause DUE TO, OR AS a last.	CONSEQUENCE OF	
requir	n signed e burial-t a burial, a	85		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	EN IN PART 1(o)
Jaw.	bee bee s th iar t		ATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH		F YES, WERE FINDINGS CONSIDERED IN CERTIFYING
. The	e has use a	X	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF IN	I ES [] NO []	S OF DEATH?
CIAN	rificate d far us af Healt		A		IURY Annth Day Year 19 21c. HOW INJURY OCCURRED (Enter nature of inju	ury in Part 1 at Part 2, Item 18.}
PHYSICIAN	this certificated for Dept. at H			21d. INJURY OCCURRED 21e. PLACE OF INJURY (Af of at wark at work		y or Town County Stote
DING	After J be c			220. I certify that (I) (this haspital) otten	ed the deceosed from 1967, to (my) (aur) apinion deoth	occurred and the dote and hour and from the
HEN	DIRECTOR: A Should ed with the			couses stoted obove, (I) (we) (did) (di	not) view the body after death.	22c. DATE SIGNED
OR	DIRECTOR: 3e 3 should be with the			2. Thehade	CLAND - DEGREE PHYS. MED. DIRECTOR -	STAFF PHYS. 4-14-68
TO HOSPITAL	o FUNERAL DII directar, page shauld be filed	1		22d. PHYSICIAN'S NAME (Type) J. H. T. 18	Adeau 31/7-Alah	AMA Ave. SE.
НО.	O FUNERA director, shauld be	8	23a.	BURIAL, CREMATION, REMOVAL (Specify) Portal Apr. 17-68		ON (City or Town) (County) (Stote) tland, Maryland
7	VR A15 (1/2	24.	EUNERA DIRECTOR BILL	ADDRESS Wash DC 2So. REC'D BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
	30M REV. 1	/680)	51	moons Bros -1661-God	d Hope Rd SE DATE . TO 1 C	1500 . Klemela Verder

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BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS 301 W PRESTON STREET

1. DECEASED-NAME	First	Middle		ATE OF D		2a. DATE OF DEATH		0.0	2b. HOUR
(Type ar print)							nth , D	^a 1968 ^{ear}	
N	Giuse	* *	r	Arata					10:05
3. SEX	4. RACI			S. DATE OF BIRT	IH .	6. AGE	(In years irthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Male		aucasian		7/08/	96	7	1 YRS		
o. BIRTHPLACE (State or	fareign 7b. CITIZE	N OF WHAT COUNTRY?	8. MARRIED	NEVER MARRI	ED 9.	COUNTY OF DEATH			
country) Italy	I	J.S.A.	WIDOWED	DIVORC		rnce Geor	res		Me
IO. CITY OR TOWN OF DEA		11. NAME OF HOSPITAL OR II	NSTITUTION (If n	ot in hospitol	12o. USUAL (OCCUPATION (Kind of	work dane	12b. KIND OF	BUSINESS OR
Cheverly		Prince Geo.	Can'l H	ospital	during most	of working life, eve	n if retired.)	INDUSTRY	minal
		f institution: Residence before	13c CITY OR	TOWN 13	d, INSIDE CITY LIMITS	13e. STREET AND	NIMBER	011 1 914	MILHAL
admission) STATE	13b. Q	DUNTY nce Georges	D.		YES NO	7			
Maryland 14. FATHER'S NAME				gare		3430 0/	Middle	e.	14
		Middle Last		. MOTHER'S MAIL			Widdle	0	lost osta
Rundxkuni		Ara			Pi	ary		C	0368
Yes, no. or unknown)	IN U.S. ARMED FORCE (If yes give war or dates of:	5? 16b. SOCIAL SECURITY		NFORMANT	D Am	ata 5430	Address	h A	
'NO				osebu	P. AI	808 5450	010		
		se per line far (a), (b), and (a	:).)		ur ser.	dale, Mo		APPROXI	MATE INTERVAL DISET AND DEATH
PART I. DEATH	WAS CAUSED BY: IMMEDIATE CAUSE	Coronar	y Arter	ioscler	osis -	moderate.			
11/120		TO, OR AS A CONSEQUENCE O					V 110		
Conditions, if any, w		(b) Severe		ru Edem	2				
rise to immediate	nuse (n)	(0)		Ty Edelli	ICL +				
stating the underly	ing cause DUE	TO, OR AS A CONSEQUENCE O	F						
last.	,	(c)							
PART 2. OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PAR	T 1(o)		
= 420	/								
19a. DATE OF OPERATI	ON 19b. CONDITION	FOR WHICH OPERATION WAS P	ERFORMED	20a. AUTOPS	SY?			CONSIDERED IN C	ERTIFYING
3				YES XX	NO 🗌	CAUSES OF DEA	H? Yes		
21a. ACCIDENT WAS	UNDERLYING 21b.	TIME OF INJURY	21c. HC	W INJURY OCCU	RRED (Enter no	oture of injury in Por		, Item 18.)	
OR CONTRIBUTING (If either, notify med	CAUSE OF DEATH HOI	JR A.M. Manth Day Yea			,				
(If either, notify med	ED 210 PLACE OF		19 ACTORY.) 215 LC	CATION Street	or P.F.D. No.	City or Town		County	State
While Nat while	Zie. TLACE OF	INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	7 211. 60	4	di K.I.D. Nu.	City of Town		cuonsy	Jidio
at wark at wark	· //\ /========			26.11	10/0	7	1/. 1	0.60 .1 .	(1) done) 1
220. I certify th	at (1) (3042-3043-304	ottended the decea	sed from_La	The state of the s	1, 1401	Z, 10 APTI	- 144 g	9 <u>00</u> , that	(I) (We) Ids
saw the de	ed obave (I) fam	April 14 () (did) (did) (did) (or the	hody after a	lenth	(ROK) opinio	in death accurre	a on the c	late and naur	ana iram in
22b. SIGNATURE	04 05410, (1) 642	y (did) (did) view inc	/ Joay arror o					. DATE SIGNED	
201	11111	DM.	DEGR	EE PHYS.	MED.	CTOR STAFF		41-15-	68
22d. PHYSICIAN'S	muc	puga	DLOK	22e. ADDRE		CIUK - PHIS.		4-10	00
NAME (Type)	Commol :	N Sugar	A D			m Arro T	Dohin	atan D	C 20019
		N. Sugar, 1				n Ave., W			
230. BURIAL, CREMATION,	23b. DATE		F CEMETERY OR			23d. LOCATION (City of	,	(
Bur 1a1	4/18/6	8 St. M	arys (Cemeter	y	Washing	ton.	D.C.	
24. FUNERAL DIRECTOR		ADDRES		. 2	Sa. REC'D BY R	EGISTRAR 2Sb	REGISTRAR	S SIGNATURE	43

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers, Pages should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in any event, within 72 Hours after

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VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

			CERTIFICA	ALE OF DEAL	н		76	613
1. DECEASED-NAME	First	Middle		Last	2a. [DATE OF DEATH		2b. HOUR
(Type or print)	Alden	M	Atkins	5		Aprilint, 19	768 Year	12;50P M
3. SEX	4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	
male	whi	te		Feb 11, 19	902	lassirthday)	MONTHS DAYS	HOURS MIN.
7a. BIRTHPLACE (State or f country) Pennsyl		WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED		NTY OF DEATH Prince George	s	Md.
10. CITY OR TOWN OF DEAT		MANE OF HOSPITAL OR IN	STITUTION (If no	t in hospital 12a.		JPATION (Kind af work done		OF BUSINESS OR
Hyattsville	giv	e street address)	ence	durin	mast of w	varking life, even if retired.)	Valet	Shoppe
admission) STATE	ere deceosed lived, if instit	ution: Residence before	13c. CITY OR	TOWN 13d. INSIDE	NO [13e. STREET AND NUMBER 4410 Oglethro	pe str	eet
14. FATHER'S NAME F	rst Middle	Last	15.	MOTHER'S MAIDEN NA	ME First	Middle		Lost
	lanson Atkin	5		Mar	y Walt	ton		
16a. WAS DECEASED EVER Yes, no, or unknown)	N U.S. ARMED FORCES? (If yes give war or dates af service)	16b. SOCIAL SECURITY 176 03 77		FORMANT eorgia R.A.	tkins	Address Hyattsvill	le, Md.	
Canditians, if any, wrise to immediate costating the underlyillost.	hich gave ause (a), DUE TO, Of	R AS A CONSEQUENCE OF	g Cenie		ins			XIMATE INTERVAL ONSET AND DEATH
1631	FICANT CONDITIONS CONTRI	BUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE	OR CONDITIO	ON GIVEN IN PART 1(a)		
190. DATE OF OPERATION OF THE CHILD OF THE C	DN 19b. CONDITION FOR V	VHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	0 🗆	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN	CERTIFYING
21a. ACCIDENT WAS OF CONTRIBUTING (If either, notify med	CAUSE OF DEATH HOUR A.M			W INJURY OCCURRED	(Enter nature	e of injury in Part 1 or Port 2,	Item 1B.)	
While Nat while	ED 21e. PLACE OF INJUR	(AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ictory,) 21f. LOI	CATION Street or R.F.C		City or Town	County	State
saw the de	at (I) (this hospital) a ceased alive aned ed abave, (I) (we) (di	7 - 5	1900, and	that in (my) (eur)	1906, apinian d	ta		at (I) (we) last ir and fram the
22b. SIGNATURE	Lugu Wi	Motaura	D DEGRI	111121	MED. DIRECTOR	STAFF C	pate signed	1968
22d. PHYSICIAN'S NAME (Type)	Angus W. 1					n st Hyattsvi	lle, Mo	d.
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE April 10,		CEMETERY OR-	tian Cemet	ery (LOCATION (City or Town) Conshohocken		(Stote)
24. FUNERAL DIRECTOR		ADDRESS	5	2Sa. RF	C'D BY REGIS	STRAR 2Sb. REGISTRAR'S	S SIGNATURE	a real

Hyattsville, Md.

16

DATE

1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages hand shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hpure the pages. VR A15 (4) 30M REV. 1/68

F. Gasch's Sons

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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the result of the second of th di nebla 2687 - 1877 The state of the s Talent I was the second of the And the second of the second o 1000 Continuous of the Land of Establish Date to Esta alligiote della section della . In . elile diere la barton, file

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16009 06014 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH First Lost 2b. HOUR **OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. (Type or print) Greenhoe 3. SEX 4. RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. DATE OF BIRTH lost birthday) MONTHS OAYS HOURS the attending physician and campletely filled in by the sit permit. Then please remave carban papers. Page 1890 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY_OF DEATH MARRIED NEVER MARRIED WIDOWED I DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress Juring most of working life, even if retired.) remave carban event. 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY NO YES and in any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Monroe Elisabeth Charles Anna Greenhoe Aurand 160. WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no. or unknown) (If yes give war or dates of service) 234-58-4899 Rev. Lee A. McDaniel College 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: in re tovo ven auto P IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ; burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by stoting the underlying couse alkerelip as Lero volo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) attending | as the priar to b O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO N by the haspital ar 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year df. (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work State [22a. I certify that (1) (this haspital) attended the deceased from saw the deceased glive an 4-26 1963 and that in ___19_6 and that in (my) (our) apinian death accurred on the date and haur and fram the Page 4 may be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b STGNATURE 22c. DATE SIGNED **ATTENDING** MA DEGREE DIRECTOR PHYS.

director, shauld be VR A15 (4) 30M REV, 1/68

22d PHYSICIAN'S

23o. BURIAL, CREMATION

REMOVAL (Specify)

NAME (Type)

24. FUNERAL DIRECTOR

23b. DATE

23c. NAME OF CEMETERY OR CREMATOR)

229 ADDRESS

Gettysburg.

(County)

(Stote)

23d. LOCATION (City or Town)

Pennsylvania

REGISTRAR 1968 25b. REGISTRAR'S SIGNATURE

BOOLS THE RESERVE OF THE PROPERTY OF THE PROPE

A A A Section that the first pay belong the on the little dealers the same administration of the same here's been been been been been THE DOOD HAIR COUNTY . The standar . well open as the standard of t

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FOR STATE HEALTH DEPT.

ny deloy is 2, and 3 to PM3. Page

sportment of 5 moy be retained for your files.

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Health prior to buriol, cremotian, or removal, and in any event within 72 hours ofter death.

VR A15ME (5) 10M REV. 1/68

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with to

bICAL EXAMINER: This certificate shauld be executed within 24 hours ofter death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06015

Signature Sulliver	1. DECEASED-NAME	First		Middle	Last		20. DATE KNO		Day	Year	2b. HOUR
S. ELLE OF BIRTH	(Type or Print)	Oliv	er	Sullivan	Balde	rson	DEATH MAT	ED X /1-3.	-68	197 -	Ram
Second S	3. SEX	4. RACE	S. DATE OF BIRTH		4612		RS. 2c. DATE PRON	OUNCED DEAD	- 00		
A. BARRIPACE (State or foreign 72. CHIZEN OF WHIRT COUNTRY? 8. MARRIED 72. NOWNER MARRIED 9. Prince George 5. M. MODOWAD 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give, intered oddress) 12. SUMA OCCURRIDION (Indied of work done during most of working) life, year in friend.) 12. STREET AND MUMBER 12. STREET	Male	White	77 Ang.			HOURS	Manth	3 Doy	68	19 7.	12am M
10. CITY OR TOWN OF DURTH 11. NAME OF HOSPITAL OR INSTITUTION (In not in haspital) 12a. USUAL OCCUPATION (Ind of work done during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR CONTINUED 180. MOTHERS MADDEN NAME 180. Lost 180. MOTHERS MADDEN NAME 180. SOCIAL SECURITY NO. 180	7a. BIRTHPLACE (Sta	ite ar foreign 7b.	CITIZEN OF WHAT C			AARRIED 9.	COUNTY OF DEATH				
10. CITY OR TOWN OF DURTH 11. NAME OF HOSPITAL OR INSTITUTION (In not in haspital) 12a. USUAL OCCUPATION (Ind of work done during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR during most of working life, even if errore) 180. KIND OF BUSINESS OR CONTINUED 180. MOTHERS MADDEN NAME 180. Lost 180. MOTHERS MADDEN NAME 180. SOCIAL SECURITY NO. 180	Washin	gton D C.	II S A		WIDOWED DI	VORCED T	Prince Ge	orge 's			Me
Cheverly Prince George Hospital Stock clerk Food Store	10. CITY OR TOWN	OF DEATH	III. NAME			al 12a. USUA	AL OCCUPATION (Kind	af wark done			SINESS OR
130. USLAN, RESIDENCE (Where deceased lived, if institution: Residence before 130. COUNTY 130. FIRST 130. COUNTY 130. COUNTY 130. FIRST 130. COUNTY 130. C	Cheverl	У	give street	nce George	Hospital	St	ock clerl	ven it retired.)	POO	d St	tore
14. FATHER'S NAME First Middle Lost Josephine Me Ginnis Modele Lost Modele Lost Josephine Me Ginnis Modele Lost	13a. USUAL RESIDE	NCE (Where deceosed I	lived, if institution	: Residence before 13c.	CITY OR TOWN	13d. INSIDE CITY LIMITS	S? 13e. STREET AN	D NUMBER			
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Ido, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Ido, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH (Enter only one couse per line for (a), (b), and (c).) Bartwas worst more based on the based of the based of the based worst more based on the ba	14. FATHER'S NAME	First	Middle	Last	15. MOTHER'S M	AIDEN NAME				Las	at
(If the growth and described above, held an Autopsy 216. Itertify that I took charge of finitury and in my opinion described above, held an Autopsy 226. Date 236. NAME (Type) 30. Actual 236. NAME (Type) 30. Actual 236. NAME (Type) 30. Actual 30.	A	ugustus B	alderso	n	Jose	epnine	Mc Ginnis	õ			
1224 3815 80 Catherine I. Ralderson State Part Part Part Part Part Part Part Part Death (Enter only on couse per line for (a), (b), and (c)) Part Death Was Caused By: IMMEDIATE Cause (a) Acute coronal artery occlusion minutes				. SOCIAL SECURITY NO.	17. INFORMANT					1	
SET CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)		(II yas give wor o	11 2	24 3815 80	Cather	ine L B	alderson	llyat			
DUE TO, OR AS A CONSEQUENCE OF ATTERIOR STORIES OR CONDITION GIVEN IN PART I(a) DUE TO, OR AS A CONSEQUENCE OF ATTERIOR STORIES STORIES OR CONDITION GIVEN IN PART I(a) DIADETES PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) DIADETES 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING DATE INJURY Month, Day, Year HOUR A.M. 19 21d. INJURY OCCURRED CENTER OF INJURY (At home, form, street, of factory, affice building, etc.) 22d. I certify that I took charge of the remains described above, held an Autopsy Industry of the suited from: Natural causes Industry	18. CAUSE C										
DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown Conditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	PART 1.	DEATH WAS CAUSED BY	CAUSE (a) ACU	te corona	artery o	cclusion	n		ma	inul e	s
Tiss to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	410	00	DUE TO, OR AS	A CONSEQUENCE OF AD	rterioscle	rotic he	eart disea	ase	ur	nknov	m
Stating the underlying couse Oct			(b)			STATE OF		-		000	43145
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Diabetes — over 2 years 19a. Date of operation 19b. Condition for Which operation Was performed? 21o. External cause was primary in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) PM. 19 21d	lost. 42	01	(c)								
19a. Date of Operation 19b. Condition for which operation 20. Autopsy? Yes No					ATED TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PAR	T 1(a)			
PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED WHILE AT WORK	No .								las		
PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED WHILE AT WORK	S 19a. DATE OF	OPERATION	196		OPERATION				20		
PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED WHILE AT WORK	A STATE DATE	Chiles with	Tau Turs of Turn		Tax man museu	Deciment is				YES X	Z NO L
WHILE AT WORK				RY Manth, Day, Year	21c. HOW INJURY	OCCURRED (Enter	nature of injury in P	art I ar Part 2,	Item 18.)		
Chief Medical Examiner Chief Medical Exami	CAUSE OF DEA	ATH			Alf Location s				61		61.1
22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X, and in my opinion death resulted fram: Natural causes X, Accident I, Suicide I, Hamicide I, Undetermined manner I ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, tawn, ar caunty) 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) April 5, 1968 Baltimore National 24. FUNERAL DIRECTOR ADDRESS 25a. RECO BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	and the state of		, affice building, et	ame, tarm, street,	. 21f. LOCATION Stre	et ar K.F.D. No.	City or To	WN	Count	ly	Stote
death resulted fram: Natural courses X, Accident , Suicide , Hamicide , Undetermined manner ACTUAL SIGNATURE											
ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS (Street, city, town, or county) 230. BURIAL (REMATION, REMOVAL (Specify) April 5, 1968 Baltimore National Baltimore, Md. 24. FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER 25. DATE SIGNED ADDRESS 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE						-				nd in m	ny opinian
ACTUAL SIGNATURE EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county) 230. BURIAL CREMATION, REMOVAL (Specify) REMOVAL (Specify) April 5, 1968 Baltimore National 24. FUNERAL DIRECTOR ADDRESS 250. RECD BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE	death r	resulted fram: I	Natural couses	Accident /	, Suicide ,	Hamicide	, Undeterm	ined manner	r 📙		
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24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE	REMOVAL (Spe	ation, 236. DA							. , ,) (S	itate)
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06011

CERTIFICATE OF DEATH

36816

	DECEASED-NAME Fir	st	Middle		Lost	20.	. DATE OF D			2b. HOUR
1)	Type or print)	Katie	A.	Ва	rili		April	Month 8. Do	1968 Yeor	3:55P M
3. 5	EX	4. RACE			DATE OF BI			6. AGE (In veors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	Cauca	cian		XXXXX	,		lost birthdoy) 85 YRS.	MONTHS DAY	HOURS MIN.
70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH		18. MARRIER E			UNTY OF D			
	entry) Penn	USA	AI COOMINI.	8. MARRIED WIDOWED		KIED				
10	CITY OF TOWN OF PEATU	11. 524	ME OF HOSPITAL OR IN	-			ince	Georges Kind of work done	TOL KIND O	Md.
	CITY OR TOWN OF DEATH	give s	ME OF HOSPITAL OR IN treet oddress) .nce Geo. G			during most of	working lif Sewii	fe, even if retired.)		OF BUSINESS OR
130	. USUAL RESIDENCE (Where dece	osed lived, if instituti				13d. INSIDE CITY LIMITS?	13e. STRE	ET AND NUMBER		
odn	nission) STATE	13b. COUNTY	Georges	Greenh	01+	YES NO	8-M	Southway	Pond	
	FATHER'S NAME First	Middle	Lost			AIDEN NAME First	10-11	Middle	NUAU	Lost
	Samuel Tru				morrien o m	MDEN NAME 1 1101			Foltz	
160	. WAS DECEASED EVER IN U.S. A		16b. SOCIAL SECURITY	NO 117 IN	FORMANT			Address	7000	100
100	Yes, no, or unknown) (If yes giv	e war or dates of service)	100. SOCIAL SECORITI			ck, 8M S	outhw		meenhe	1+. Md
	110			00	ano b	on on	O d OIII	a) mary		IXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter		e for (o), (b), ond (c)	(1)						ONSET AND DEATH
	PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (o)	Losa	Um	-					
	436.9		S A CONSEQUENCE OF			1				
	Conditions, if ony, which gov		9.7.1	- 0	10	1				
	rise to immediate couse (o		S A CONSEQUENÇE OF		4 20	MALA	1			
	stoting the underlying cous	-	-		,	0		. 1	14	
) (c)	Ceres		7		در	L.V		
	PART 2. OTHER SIGNIFICANT C	OUDITIONS CONTRIBUTIONS	ING TO DEATH BUT I	IOI RELATED TO	THE TERMINA	L DISEASE OR CONDIT	HON GIVEN	IN PAKI I(0)	,	
NO	33/X						Tana and			
CERTIFICATION	190. DATE OF OPERATION 19	b. Condition for Whi	CH OPERATION WAS P	ERFORMED	20a. AUTO YES 🗀			ES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
CERT	210. ACCIDENT WAS UNDERLY	YING 21b. TIME OF	INITIRY	21c HO	_	URRED (Enter notu	re of injury	in Port 1 or Port 2	Item 181	
MEDICAL		EATH HOUR A.M.	Month Doy Year		ii iiddki occ	CHARLE (Elliel Holo	ic of injury	111 1011 101 1011 2,	110.11	
MED	21d. INJURY OCCURRED 2	le. PLACE OF INJURY		9 NGORY, 1 21f 100	ATION Stree	t or RED No	City n	r Town	County	Stote
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	DI WOLK OL WOLK	n : 1 = 2 B = 2		1.6	Amend	6 10 68	As Ass		168 AL	A STATE / A I .
	22o. I certify that 🗱 (this haspital) after	nded the deceas	ed fram	that in her	5 / ous \ opinion	doath ac	rurred on the d	ote and how	TAP (we) last
	saw the deceased couses stoted abo	dive onapt	did onth view the	hody ofter d	anth Tilui iii Wiii	y) (our) opinian	deam do	corred on the d	ore one nou	and from the
	22b. SIGNATURE	vo, x) (wo) (ala)	(did-dioly Flow file	body office d	Jann				DATE SIGNED	
	C C	1	THOUSAND	DEGRE	ATTENDIN			STAFF	L. A	. 6
	22d. PHYSICIAN'S	ANNA	was ,	-O DEOKE	PHYS.	DIRECTO	UK L	PHYS. XX	11 11	6 6
	MAME (Time)	1					- 0	1 11	44-1 0	h 1
,	В	ahram Bhar				ce George				
230	Business to 15 h	o. DATE	the second secon	CEMETERY OR C	REMATORY	23d	I. LOCATION	(City or Town)	(County) M	arysband
	Burlal A	pril 11, 1						grove, Pe		aira
24.	FUNERAL DIRECTOR		ADDRESS	5		2So. REC'D BY REG	SISTRAR	2Sb. REGISTRAR		
	D 11 -	1 11	1/	111		DATE -APR	T 5 18	JOB LCC	carles !	ugge

for EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hydrs after death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS 301 W. PEESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a DATE OF DEATH 2b. HOUR DECEASED-NAME First (Type or print) Manth JOHN BARNES IF UNDER 1 YEAR IF LINOFR 24 HRS. 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years requires that the death certificate be executed within 24 hours after last birthday) MONTHS DAYS HOURS NEGRO 100 MALE hour 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PRINCE GEORGES U.S. A. IRGINIA WIDOWED [DIVORCED [completely filled 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR DO. buriol, cremation, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital CONTRACTOR during mast of warking life, even if retired.) give street address) remove corbon Cheverly GEO, CO. HOSPITAL 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? UPPER MARLED admission) STATE 136 SOUNTY & EDRGES YES 14. FATHER'S NAME MOTHER'S MAIDEN NAME First First Middle Lost Barnes 30 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, na. or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF RIUSCLEMOTIC. Conditions, if any, which gave: buriol-tronsit rise to immediate cause (a), þ DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying couse signed k PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been ed for use as the OR ATTENDING PHYSICIAN: The low 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🔲 NO Z O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) director, page 3 should be detached should be filed with the State Dept. of 21d. INJURY OCCURRED / AT HOME, FARM, STREET, FACTORY, State 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Tawn County While Nat while at wark at wark 220. I certify that (I) (this hospital) attended the deceased from 1/- 27, 1967, ta 4-18, 1968, inal (I) (we) last the deceased alive an 1968, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the bady after deoth. 225 SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR PHYS PHYS. PHYSICIAN'S 22e. ADDRESS NAME (Type) Merkle, M.D. 7945 Woodyard Rd., Clinton, Md. Robert W. 230 BURIAL OREMATION, REMOVAL (Specify) (State) 24. FUNERAL DIRECT POL LINS VR A15 (4) 30M REV. 1/68 4339 HUNT PLACE N

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FOR STATE necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 ta the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form PM3. Page and 3 ta 5 may be retained far yaur files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of ny delay is in pencil in Item 18. Give Pages 1, This certificate shauld be executed within 24 haurs after death Health priar to busial, crematian, ar remayal, and in any event within 72 haurs after death. SICAL EXAMINER:

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	nonT	. 5	MEDIC	AL EXAM	NER'S	CERTIFIC	ATE O	F DE	HTA		0601	18
	ECEASED-NAME Type ar Print)	First Lim	ma	Middle M		Becket	Last t			20. DATE KNOWN Month D OF ESTI- DEATH MATED PP 9) Yeor	2b. HOUR
3. S	female 4.	white	5. DATE OF BIR 2/18/]		6. AGE (In year last birthday)	RS. IF UNDER	DAYS DAYS	HOURS 24	MIN.	2c. DATE PRONOUNCED DEAD Month April Day 9	Year 1968	2d. HOUR 2:A
coun	BIRTHPLACE (Stote of Payette ITY OR TOWN OF DI Green	W Va.			OR INSTITUT		DIVORC	ED 🔲	UAL OC	NTY OF DEATH Prince George CUPATION (Kind of work done IX Norking Wiseren if retired.)	S 2b. KIND OF BUSI	M NESS OR
130.	USUAL RESIDENCE dmission) STATE M		lived, if institu 13b. COUNTYP			or TOWN		ISIDE CITY LIN		13e. STREET AND NUMBER 1-H Westway Roa	d	
14. F	ATHER'S NAME Rob	First ert Gilk	Middle erson		Lost	1s. MOTHE	R'S MAIDEN		First Kin	Middle ncaid	Last	
	WAS DECEASED EVER 'es, na, or unknawn) NO		CES? or dates of service)	none	RITY NO.	17. INFORMAL		Davis	5	Greenbelt, Md.		
FICATION	Conditions, if ony, rise to immediat stating the under last. PART 2. OTHER SIGN	which gove e cause (a), elying cause Shificant Condition	CAUSE (a) C DUE TO, OR (b) DUE TO, OR (c) NS CONTRIBUTION	erebral AS A CONSEQUEN AS A CONSEQUEN NG TO DEATH BU	VASCE OF AT THE NOT RELATE FOR WHICH (rterios	clero	sis	PNDITION	N GIVEN IN PART 1(a)	20. AUTOPSY:	
MEDICAL CERTIFICATION	210. EXTERNAL CAU PRIMARY OR CO	ONTRIBUTING 🔀	HOUR A.A	۸	19				er natur	e af injury in Part 1 or Part 2, Item	1B.)	
M	21d. INJURY OCCUR WHILE NOT W AT WORK AT W	vHILE factory	, office building		7	21f. LOCATION				City or Tawn	County	Stote
230	ACTUAL SIGNATURE EXAMINER'S NAME (Type)		Natural Paus Manual Paus De MD	River	ident X	, Suicide	CHIEF I CHIEF I ASSISTA DEPUTY ADDRES	Iomicide MEDICAL EX ANT MEDICAL MEDICAL	XAMINEI AL EXAM EXAMIN	AINER 22b. DATE SIGNER	GNED -10-68	y opinion
27	REMOVAL (Specify)			S8 Mon					100	Bluefield . Nor		

ADDRESS
Hyattsville, Md.

250. REC'D BY REGISTRAR

DATAPR

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1968

2Sb. REGISTRAR'S SIGNATURE

Milarles Judge

VR A15ME (5) 10M REV, 1/68

24. FUNERAL DIRECTOR F.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06019

		CEASED-NAME ype ar print)	First	Middle	Lost	2o. DATE OF DEATH	th Doy Yes	2b. HOUR
2	3. SE	141	4. RACE	LEO C	TS. DATE OF BIRTH	6. AGE (I	17 6	8 80 M
		Fiemple	whit=		9-12-6	lost bir		OAYS HOURS MIN.
	7a. B	IRTHPLACE (State or foreig	7b. CITIZEN OF WHAT	TANKIL ITEMANIL	D NEVER MARRIED D	9. COUNTY OF DEATH PRINCE	A	
00	10. C	ITY OR TOWN OF DEATH	11. NAMI give stre	OF HOSPITAL OR INSTITUTION (I	not in hospitol 120. USU/ during m	AL OCCUPATION (Kind of ost of working life, even	work done 12b. KIN INDUST	ND OF BUSINESS OR RY and Hazet
16	13o. odmi	ssion) STATE	deceosed lived, if institution 13b. COUNTY	Residence before 13c. CITY	OR TOWN 13d. INSIDE CITY LE	MITS? 13e. STREET AND	NUMBER	and Hasjed
1	14. F	ATHER'S NAME First	Middle	Lost	IS. MOTHER'S MAIDEN NAME F		Middle	Lost
	16o.	WAS DECEASED EVER IN U. es, no, or unknown) (If y	S. ARMED FORCES? es give war or dates of service)		INFORMANT Haspital	Perels.	Address	DE mil.
		PART I. DEATH WAS	MMEDIATE CAUSE (o) DUE TO, OR AS A	for (o), (b), and (c).) A CONSEQUENCE OF 7 2 1	deal sign	arction the idease		PPROXIMATE INTERVAL WEEN ONSET AND DEATH COLCE TYPE OF
		Conditions, if ony, which rise to immediate couse stating the underlying clost.	DUE TO, OR AS /	A CONSEQUENCE OF			1000	
	7	PART 2. OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTIN	G TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART	1(0)	
2	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? YES NO Z	CALIFEE OF DEATH	E FINDINGS CONSIDERED 1?	IN CERTIFYING
	MEDICAL CER	21o. ACCIDENT WAS UNDI ☐ OR CONTRIBUTING ☐ CAUSE (If either, notify medical of	OF DEATH HOUR A.M.	JURY 21c. Month Doy Year	HOW INJURY OCCURRED (Enter		1 or Port 2, Item 18.)	
	ME	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY /AT	HOME, FARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D. No.	City or Town	County	Stote
		of work of work			17 19 11			
		22a. I certify that (ed glive on with	ded the deceased from_ 19 , a denot) view the body ofte	nd that in (my) (our) opi	nion deoth occurred	on the dote and h	that (I) (we) las our ond from the
		22a. I certify that (ed glive on with	19 (a), a d not) view the body ofte	nd that in (my) (our) opi r death.	nion deoth occurred	on the dote and he	our ond from the
1		22a. I certify that (sow the deceas causes stated a	ed glive on with	19 (a), a d not) view the body ofte	nd that in (my) (our) opi r death.	nion deoth occurred	on the dote and he	our ond from the
1	23o. B	22a. I certify that (I sow the deceas causes stated a 22b. SIGNATURE 22d. PHYSICIAN'S	ed glive on with	19 (a), a d not) view the body ofte	nd that in (my) (out) opi r death. SREE ATTENDING D PHYS. 22e. ADDRESS	IED. STAFF IRECTOR PHYS. 23d. LOCATION (City or Rockville	on the dote and he	our and from the

1	1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			em#7a, 7b, Film#Gh00 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	36620
EALTH DEPT.		_	CEASED-NAME First Middle Lost 20, DATE KNOWN Month	
N d			ype or Print) OF ESTI-	
200		3. SE		-68 198:00pmM
a galage	1		lost birthday) MONTHS DAYS HOURS MIN. Month Day	68 19 9:10pmM
P. 2			'emale White 12-19-67 - YRS 4 4 30 IRTHPLACE (State or foreign 7b, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. COUNTY OF DEATH	08 17 8:ILODIM
- E 0			N) C C- M3 LICA	MA.
Give Pages ong with for th the State th.	4-5			12b. KIND OF BUSINESS OR
Office along with form I ond 2 with the State De ofter death.	74			INDUSTRY
th th	/	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	
2 with death.	16	00	mission Tarenda Prince George Laurel YES NO 13157 Larchda	le Road
lond 2 ofter	1	14. F	PROJER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	O Lost 0
	- 1	1	AYMOND DERTOLINA	Tellapol
pages	3 741		VAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17/INFORMANT Q ADDRESS ADDRESS	Janosel 3
		(1	25, no, or unknown) (If yes give wor or dates of service) RAY MOND DERTOLINA 13159 LARCHO	ALEKS MY
			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
Vit I			PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	DETREEN SHOOT AND SERVI
d ←			795 X DUE TO, OR AS A CONSEQUENCE OF	
onsit pe			Conditions, if any, which gave) (b) SDII	
iol-tro any	- 40		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
≥. ⊆			last. (c)	
D			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
do, o		N	776.2	
removal,	-1	CATIC	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	- /	CERTIFICATION		YES NO
o silonia di			21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Itel	m IB.)
cremotian,	31	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
emo		~	tactons office building atc	coonly sidle
, C			AT WORK L. AT WORK L.	
buriol,		13	22a. I certify that I took charge of the remains described above, held an Autopsy (3), Inspection (3), Inquiry	
o b			deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner [
0 +			ACTUAL CHIEF MEDICAL EXAMINER 22b. DATES	CIGNED
Pri	0		SIGNATURE M.D. SPECIAL PROPERTY MEDICAL	
TO FUNERAL DIRECTOR: Poge Heolth prior to buriol, crem	J		NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
He I		23a.	AURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) a (State)
		K	SEMOVAL (Specific) Mary 3, 1968	RKSHAM/14SS
		14	ADDRESS ADDRESS ADDRESS So. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	IGNATURE
5ME (5) EV. 1/68	/	1	PRANK 5750 WASHIN BOND AS WOLLY DATE MAY 8 1968 golia	res judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 06821 DEPT . DECEASED-NAME First 20. DATE KNOWN 2b. HOUR Month Year (Type or Print) ESTI-Page 3 ta af DEATH MATED 🔂 Thomas Boone delay 3. SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD pup PM3. lost birthday) pages 1 and 2 with the State Departm Male 8-21-1897 Negro 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Give Pages 1, shauld be forwarded to the Chief Medical Examiner's Office along with farm country) Maryland U.S.A. WIDOWED X DIVORCED Prince George's 12o. USUAL OCCUPATION (Kind of work done be executed within 24 haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) **INDUSTRY** Prince George Hospital Cheverly death. 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY pencil in Item 18. YES NO Rosaryville after 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME hours Thomas Boone Ilnknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give wor or dotes of service) Edward Boone 431-3rd S+ . , File 228-07-780 within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending" IMMEDIATE CAUSE (6) Retroperitoneal hemorrhage DUE TO, OR AS A CONSEQUENCE OF Multiple pelvic fractures Conditions, if ony, which gove rise to immediate couse (o), ward any This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ the certificate, writing the and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 as remaval, be used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES T NO T 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should 21b. TIME OF INJURY Month, Doy, Year MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, DICAL EXAMINER: :550m 4-21- 19 68 Passenger in car involved in collision. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town Stote Page foctory, office building, etc.) and Rosarvville Road. Prince George County, Maryland please execute the funeral directar. Page 301 far DIRECTOR: burial, 22a. I certify that I took charge of the remains described abave, held an Autopsy 🔀 Inspection [X], Inquiry X, and in my opinian Notural causes . Accident X. Suicide death resulted from: Homicide | Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL FUNERAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT 1-22-68 DEPUTY MEDICAL EXAMINER (X Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Riverdale, Md. Kehoe 0 BURIAL CREMATION, 23d. LOCATION (City of (County) REMOVAL (Specify) 250. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
CERTIFICATE OF DEATH

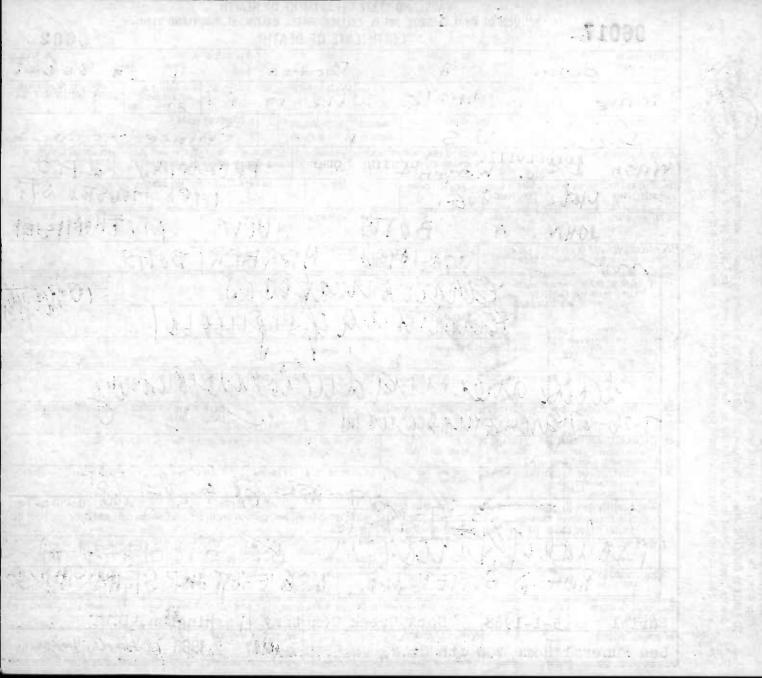
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-1		CEASED-NAME	First		Middle	Lost		20. DATE OF I			2b. HOUR
	(1	ype ar print)	dohn		A .	130	2++5		Month D	Yeo Yeo	× 6307
	3. SE	MAILE	4. RA	CE WY	rile	S. DATE O	F BIRTH	87	6. AGE (In years lost birthday)		TEAR IF UNDER 24 HRS. DAYS HOURS MIN.
	7a. B	SIRTHPLACE (State or	fareign 7b. CITIZ	ZEN OF WHAT CO		MARRIED NEVER	MARRIED S	COUNTY OF	DEATH		1
1	10 0	ITY OF TOWN OF DE	ATHY	_		Les			Kind of work dans	12h KIN	ID OF BUSINESS OR
0	K	VASh.	Md.	1 Xe	CIENT	Tilg Home	dorning in	y of warking li	te Nen itretired		
,			Where peceosed lived,	if institution: Re	esidence befare	Bc. CITY OR TOWN	YES NO		ET AND AUMBER	OUST	ON ST.
/	14. F		First	Middle	Bost 0	15. MOTHER'S	MAIDEN NAME FIR	STA	Middle	THO	MISON
	16a. Y	WAS DECEASED EVER es, no, or unknown)	IN U.S. ARMED FORC	ES? 16b. S	SOCIAL SECURITY NO.	17. INFORMANT	H/ER+	SERT	BoTT.	5	
			TH (Enter only one co WAS CAUSED BY: IMMEDIATE CAUSE	TAV	(o), (b), ond (c).)	anna	YOU	S		BETV	PPROXIMATE INTERVAL NEW DISET AND GEATH
		Canditions, if any, rise to immediate	which gove)	TO OR AS A CO	DISEQUENCE OF	mag	long	MA	101		.000
,		stoting the underl	ying cause DUE	(c)	'		1			,	
	N	PART 2. OTHER SIG	NIFICANT CONDITIONS	Mer	MM	1 au	linat disease orce	VUICE	your	WL	
2	CERTIFICATION	190. DATE OF OPERAT	O) 195. CONDITIO	N FOR WHICH OP	ERATION WAS-PERFO	1 15 / 5/	UTOPSY?		YES WERE FINDINGS OF DEATH?	CONSTORED	IN CERTIFYING
	MEDICAL CEI	21o. ACCIDENT WAS OR CONTRIBUTING (If either, natify me	CAUSE OF DEATH HO	b. TIME OF INJUR OUR A.M. Mor P.M.	er 19	21c. HOW INJURY	OCCURRED (Enter	nature af injury	in Port 1 or Port	2, Item 18.)	
	ME	21d. INJURY OCCUR While Not while of work of work	6	F INJURY (AT HOS	ME, FARM, STREET, FACTOR BUILDING, ETC.	Y.) 21f. LOCATION 5	Street or R.F.D. No.	7 4-	or Town	County	Stote
		22a. certify t	hat (I) (this hospi eceased alive an	13-	4-196	20, and that in		ion deoth o			that (I) (we) la our ond from th
	1	22 Signatura	ited abave, (I) (y	e) (did) (did	ot) view the ba	dy after death.		/	1 22	. DATE SIGNE	or) 18
	·	INO	Law	1001	M	DEGREE PHYS		ED. RECTOR	STAFF PHYS.	4-27	-6
		22d. PHYSICIAN'S S NAME (Type)	KICHARD	617	TER M	1-D. "E	ADDRESS E	ast c	MP. ST.	HA-	2 HJD.C
		BURIAL, CREMATION REMOVAL (Specify)	23b. DATE 5-1-1	968		METERY OR CREMATOR Creek Cer			(City or Tawn) ngton,	D.C.	(Stote)
	24.	FUNERAL DIRECTOR			ADDRESS		2Sa. REC'D BY	REGISTRAR	2Sb. REGISTRA		
	L	ee Fune:	ral Home	300 4	th St.N	E Wash.,	D. DE MA	1 2 1	968 fc	ioneles	10

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion and completely filled fined director, page 3 should be detached far use as the buriol-transit permit. Then pleose remove carbon papets, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h Page 4 moy be retoined by the hospital or attending physician.

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VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

060	18			CERTIFIC	ATE OF DE	ATH			36	823
1. DECEASED-NAME (Type or print)	First		Middle		Lost	2a.	DATE OF DEATH Month	Day	Year	2b. HOUR
(The or burn)	Madel	ine	C	Во	wers	l	Apri		68	1.15
. SEX		4. RACE			S. DATE OF BIRTH		6. AGE (In	years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
Femal	e	White			12 Feb.	1899	last birthe	YRS.	בזאט בחואטא	IDUKS MIN
o. BIRTHPLACE (State		7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED		INTY OF DEATH			
ountry) NASHINGTOI	N D.P	Defino	e Georges				-inas Cas			M
O. CITY OR TOWN OF		P F L II C	AME OF HOSPITAL OR IN		75		rince Geor		12b. KIND OF	
Cheverly		give	street address)	,		during most of	warking life, even if	retired.)	INDUSTRY	DOSINESS OR
30. USUAL RESIDENCE	(Where deceos	ed lived, if institut	tion: Residence befare	LIDE CITY OF	TOWN 1224 I	NICIDE CITY HANTES	13e. STREET AND NU			
dmissian) STATE	Marylan	d 13b. COUNTY	ince Georg	DC H	attsvill	NO 🗆	4410 00	latha	man C+	
4. FATHER'S NAME	First	Middle	Lost	is	. MOTHER'S MAIDEN	NAME First		Middle		Last
	AUL	(OLLING		URSU		CANE			
6a. WAS DECEASED E		ED EORCESS	16b. SOCIAL SECURITY	NO 117 I	NFORMANT				4 4	
Yes, pa, ar unknaw	n) (If yes give w	ar or dates of service)	UNKNOWN		ILLIAMT.	BOWER	S 3008 1	cres	Y AU	1
NO					Indicated to	00000	C Charle	rey	APPROVIA	MATE INTERVAL
	DEATH (Enter anl ATH WAS CAUSED		ne for (a), (b), ond (c)	.)		-				NSET AND DEATH
PARI I. DEA		TE CAUSE (a)	Myren	dul	lafare	,len			7/2	uni
1410	9	DUE TO, OR	AS A CONSEQUENCE OF	_	1	1000				
Canditians, if on		/h)	arting	clude	· land	1 due	-		0,000	
rise to immedia		DUE TO, OR	AS A CONSEQUENCE OF		027040					
last.	lenying coose	(c)								
PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	FASE OR CONDITI	ON GIVEN IN PART 16	1)		
11.000	SIOINITE CON	DITIONS CONTRIBU	MINO TO DEMI	OT KEDITED TO	THE TERMINAL DIS	DISC OR CONDIN	on orver in that if	-,		
190. DATE OF OPE	DATION TION	CONDITION FOR WIL	IICH OPERATION WAS PI	DEODMED	20a. AUTOPSY?		20b. IF YES, WERE F	INDINGS CO	MCIDEDED IN CE	DTICVING
S 190. DATE OF OFE	KATION 176.	CONDITION FOR WE	IICH OPEKATION WAS PI	Krokmed			CAUSES OF DEATH?	INDINGS CC	MOIDEKED IN CE	KIIFTING
					YES 🗀	NO XXX				
			F INJURY Month Doy Yeor		OW INJURY OCCURRI	ED (Enter noture	e of injury in Part 1 o	or Part 2, 1	tem 18.)	
OF CONTRIBUTING				9						
- ZIG. HYJUKI OCI	CURRED 21e.		(AT HDME, FARM, STREET, FA	CTDRY,) 21f. LC	CATION Street or	R.F.D. No.	City ar Tawn		County	State
While Nat w	vhile		COFFICE BUILDING, E.C.		3.2					
		ttn (katimenekez	ended the deceas	ed from	1958	. 19	ta 4/9	190	e, that	(I) (west In
saw the	deceased a	ive an	ended the deceas	19 48, and	that in (my) 6	own apinian	death accurred a	n the dat	e and haur	and fram th
causes	stateď abave	, (I) kyek(did)	(six not) view the	bady after o	death.					
22b. SIGNATURE		2 /	/		ATTENDING	HEAD	CTACC	22c. D	ATE SIGNED	
-	1	de	La lahi	DEGR	EE PHYS.	DIRECTO	R PHYS.		4/7/6	6
22d. PHYSICIAN'S			, h,		22e. ADDRESS				11	144
NAME (Type	Leor	R. Levi	itsky, M.	D.	3408 Rh	node Isl	and Ave.,	Mt.	Rainie	r, Md.
30. BURIAL, CREMATI	ION. 23b. [ATF	23c. NAME OF	CEMETERY OR	CREMATORY	234	LOCATION (City or Jo	wn)	(County)	(State)
REMOVAL (Specif		-APRIL 19			/AI TEL		IXIAD XX			

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapt. VR A15 (4) \ 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death.

Page 4 moy be retained by the hospitol or attending physicion.

24. FUNERAL DIRECTOR

ADDRESS

25a. REC'D BY REGISTRAR DATEDO

2Sb. REGISTRAR'S SIGNATURE

CO. P. Livra, Smith D. Smith P. Co. Smith P.

12 206. 1322

Leith grand

For the Editor of the Leading Township to the Committee of the Committee o

Joon B. Levichty, H. J. Jat. Ruge Toland (ve., Mr. Reinlat. Mr.

ANTHORNERS ST PRINCE SHOWING STREET, WILLIAMS STREET, WIL

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CONTRACT SERVICE CONTRACT CONT

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	COTA			CERTIFIC	ATE OF	DEATH			360	24		
1. DECEASE (Type or	nrint)	First NCES	Middle	BRA	Lost ATTON		20. DATE OF		loy Yeor	2b. HOUR		
3. SEX	F	4. RACE	W		5. DATE OF B			6. AGE (In years lost burthdoy)	IF UNDER 1 YEAR MONTHS DAYS S.	IF UNDER 24 HRS. HOURS MIN.		
70. BIRTHP	LACE (Stote or foreign	7b. CITIZEI	OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RRIED 🗍	9. COUNTY OF PRINCE	DEATH GEORGES		M		
	R TOWN OF DEATH	HTS	11. NAME OF HOSPITAL OR give street oddress) 3434 LORIN		ot in hospital	120. USU	AL OCCUPATION ost of working sewife	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY HOT	BUSINESS OR		
13o. USUAL odmission)	STATE MARYLAN	oceosed lived, if	institution: Residence befo	re 13c. CITY OR DIST.		13d. INSIDE CITY L YES X NO		REET AND NUMBER 34 LORING				
14. FATHER			Maloney	15	. MOTHER'S M.	Mary		aret Middle		Lost ?		
160. WAS I Yes, no	DECEASED EVER IN U.S. or unknown) (If yes	ARMED FORCES give war ar dates of se			NFORMANT Lthleen	(daugh Tate7	ter) 925 Hor	Address seshoe Dr		n, Md.		
Condi rise t	PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUSE (DUE 1 OVE) (a), USE DUE 1	o) (b), and (c), (b), and (c) (d), (d), and (d), (e), (e), (e), (e), (e), (e), (e), (e	in luy	unn	y	Luc	Y	BETWEEN O	enser and death		
16	3 X	CONDITIONS CO	INTRIBUTING TO DEATH BUT RELEASE FOR WHICH OPERATION WAS	LYK	THE TERMINA				CONCIDEDED IN C	EDTIEVING		
RTIFICA			,		YES	NO [CAUSES	OF DEATH?		NSIDERED IN CERTIFYING		
N (If eit	ACCIDENT WAS UNDER CONTRIBUTING CAUSE O her, notify medical ex	F DEATH HOU	TIME OF INJURY R.A.M. Month Doy Ye P.M.	19				y in Port 1 or Port 2	2, Item 18.)			
While lot wor	rk ot work		NJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			et or R.F.D. No.	. City	or Town	County	Stote		
22a.	saw the decease	d alive an_	d) gttended the dece (did) (did not) view th	_190 / and	that in (m		nian death o		9 <u>les</u> , that date and haur	(I) (we) las and fram th		
22d.	PHYSICIAN'S NAME (Type) E	July	y (N) 1. Yorkor	DEGR	EE ATTENDIN	RESS	MED. IRECTOR	STAFF PHYS. D	c. DATE SIGNED			
BWO	IVAL (Specify)	23b. DATE 4-15-6	8 Resu	OF CEMETERY OR	Vemet		23d. LOCATIO	N (City or Town)	(County)	(Stote)		
24. FUNER 4308	Suitland	Rd., Su	lilhelm Fulle litland Mary	ral Home	2		Y REGISTRAR	2Sb. REGISTRAP		udge.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after leging. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06026 06625 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR 24 hours ofter deoth. erol (Type ar print) Helen Bunten April 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS HOURS Female White 31.1902 August 7o. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country est Virginia USA WIDOWED [DIVORCED [Prince George's completely filled 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12b. KIND OF BUSINESS OR Within during most of working life, even if retired.) **INDUSTRY** Camp Springs US . Gov. event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? ATTENDING PHYSICIAN: The law requires that the death certificate be executed Prounty Geo's Camp Springs Co. 5407- Middleton Lane ond in ony 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Catheryn O'Donnell Michael O'Sullivan 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give war ar dates of service) Yes, na. ar unknawn) signed by the ottending physi buriol-transit permit. Then pl burial, cremotion, or removal, Thomas E. Same as 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Breb+ 31 Ussculor 12 hours DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been be detoched for use os the Stote Dept. of Health priar to 15 22418B mossicom & 1960 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 19 30, 19 4, to 4 5, 19 68, that (I) (19 last sow the deceased olive an 19 8, and that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S 9401 Indian Head Highway David N. Robb, M. D. NAME (Type) Oxon Hill, Maryland 20022 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Tawn) 23a. BURIAL, CREMATION (Caunty) (State) REMOVAL (Specify) 8-68 Resurrection Cemetery, Clinton, Maryland 250. RECT BY REGISTRAR 1988 b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)

Bros. 1661-Good Hope Rd. SE.

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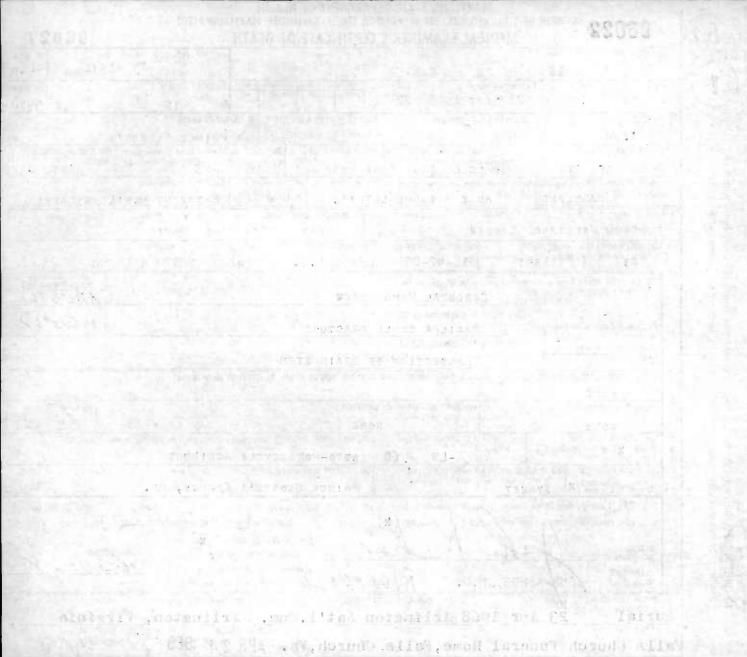
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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crematian, ar remaval, and in any event, within /2 hours after death.		CEASED-NAME ype ar print)	First Mar y	T	Middle Susan	Ce	lost		2a. DATE OF	April De	21 1 ⁴ 9'6	2b. HOUR 3
	3. SE	x Female	4.	RACE White	Э		S. DATE OF BIRT		1889	6. AGE (In years lost birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7o. cour	BIRTHPLACE (Stote or fontry) Wash., D	eign 7b. 0	CITIZEN OF WH	AT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRI		9. COUNTY OF Prin	DEATH Ce Georg	е	M
90		TITY OR TOWN OF DEATH Hyattsvil		11. NA	ME OF HOSPITAL OR INS	TITUTION (If n Nur	at in hospital • Home			(Kind af wark done life, even if retired.)	12b. KIND OI INDUSTRY	F BUSINESS OR
16		USUAL RESIDENCE (Whe issian) STATE Mary La	re deceased liv	ved, if instituti	an: Residence befare	13c. CITY OR Mt.R	TOWN 13 ainier	d. Inside City Lia	13e. STF 40.	REET AND NUMBER 14 - 30t	h St.	
1	14.	FATHER'S NAME Fir Charl		Middle	Lost Gree:		5. MOTHER'S MAIL		nna nna	Middle	0 Laug	shtin
	16a.	WAS DECEASED EVER IN estyroor unknawn)	U.S. ARMED FO (If yes give war ar do		579-22-0		Mrs.B	ernar	d Hys	an (abov		
		1B. CAUSE DF DEATH PART 1. DEATH W	(Enter anily and AS CAUSED BY: IMMEDIATE CA		5 rove by 2 nove	16 po	venn	0 11 6	4	est, M.		ONSET AND DEATH
		Conditions, if ony, which gave) (b) Congestive Heart Fairne 2 mks										
		stating the underlyin	g cause)	(c)	S A CONSEQUENCE OF					Lerosis	2	yns
	N	PART 2. OTHER SIGNIF		ONS <u>CONTRIBU</u>	TINO TO DEATH BUT N	OT RELATED 10	THE TERMINAL	DISEASE ORC				
2	CERTIFICATION	190. DATE OF OPERATIO			CH OPERATION WAS PE		20a. AUTOPS	NO A	CAUSES	YES, WERE FINDINGS OF DEATH?		LERTIFYING
<i>**</i>	MEDICAL CE	21o. ACCIDENT WAS U ☐ OR CONTRIBUTING ☐ CONTRIBUTING ☐ CONTRIBUTING ☐ CONTRIBUTION ☐ CONTRIBUTI	use of DEATH at examiner)	21b. TIME OF HOUR A.M. P.M.	Manth Day Year				nature of injur	y in Part 1 ar Port 2,	Item IB.)	
	W	21d. INJURY OCCURRE While Nat while at work at work	7		AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					or Town	Caunty	State
		22a. I certify that saw the dec causes state	eased alive	on 41	ended the decease land the decease (did not) view the	9 cx, an	d that in (my	, 19 <u>.</u>) (our) apir	nian death c	ccurred an the d	ate and have	t (I) (we) la: and fram th
		22b. SIGNATURE	in X	(2,	mean	an DEGI	ATTENDING PHYS.	d M	ED.	STAFF 22c.	DATE SIGNED	68
9		22d. PHYSICIAN'S NAME (Type)					22e. ADDRI	ESS				
X		BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/2	4/68	23c. NAME OF	acoln	Cem.		Colm	ON (City ar Tawn) 2 To The Property of the Pr	(County)	(Stote)
(4) 68	24.	FUNERAL DIRECTOR No Home Inc	alksy	's Fu	neral ^{ADDRESS} Ma:	Mt.R		DATE	PR 2 5	25b. REGISTRAR	SIGNATURE	Judges

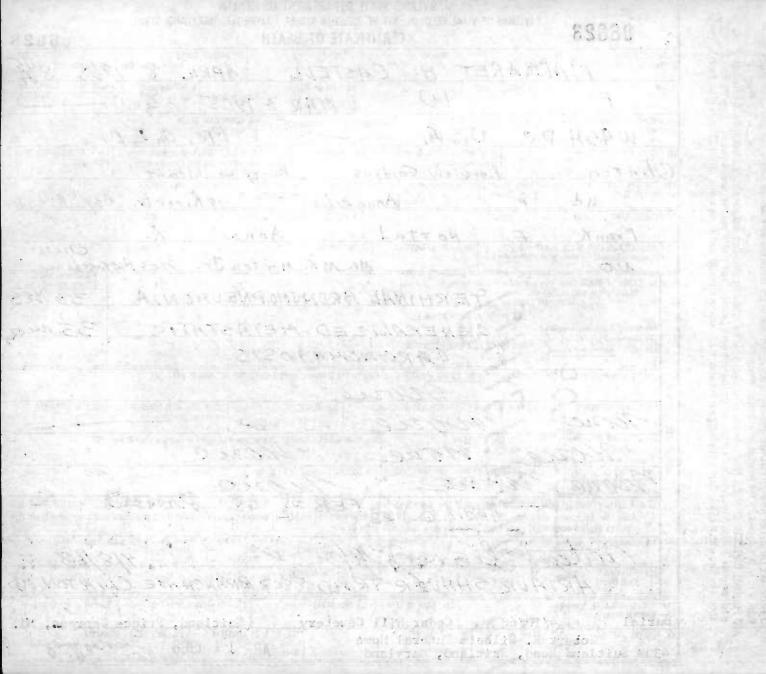
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE KNOWN N Month Day 2b. HOUR Yeor (Type or Print) APRIL Page 10 68940 Bu JAMES ROLEN CANTER DEATH MATED and 3 ent IF HINDER 24 HRS 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 23 SEPT 1945 MALE CAU 940AM 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) TENN USA WIDOWED [DIVORCED [PRINCE GEORGE'S in Item 18. Give Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
MALCOLM GROW USAF HOSP during most of working life, even if retired.) INDUSTRY ANDREWS AFB MD with 1 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMARYLAND 136. COUNTY ANNE ARANDUL LOTHIAN YES X NO PATUXENT MOBILE ESTATES haurs land 2 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Middle WOODROW MILLIARD CANTER MARY CATHERINE DAVIS pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** pencil (Yes, no or unknown) 515-42-0674 CMDR W.E. BEHRINGER NARTU AAFR MD E. APPROXIMATE INTERVA ⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE pending DUE TO, OR AS A CONSEQUENCE OF MINUTES Conditions, if any, which gave BASILAR SKULL FRACTURE rise to immediate cause (a), This certificate shauld writing the ward DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause TRANSECTION OF BRAIN STEM PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OS NONE remaval 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X NO F execute the certificate. NONE NONE 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M crematian, EXAMINER: 19 68 AUTO-MOTORCYCLE ACCIDENT CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK AT WORK PRINCE GEORGE'S COUNTY. MD. STREET burial, 220. I certify that I taok charge of the remains described obave, held an Autopsy X, Inspection . Inquiry ond in my apinion Natural Lauses [death resulted fram: /Accident X Suicide Hamicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health KEHOE. M.D. NAME (Type) ADBRESS(Street, city, tawn, or county) 0 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Buriel 1968 Arlington Nat'l. Cem. Arlington, Virginia 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE illiarles Falls Church Funeral Home, Falls Church, Valle APR 24

VR A15ME (5)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06023 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b. HOUR (Type ar print) ARGARET Manth the funey signed by the attending physician and campletely filled in by Ne fur burial-transit permit. Then please remave carbon papers. Pages t burial, cremation, ar remaval, and in any event, within 72 hours after law requires that the death certificate be executed within 24 haurs after 3. SEX DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS DAYS HOURS 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af warking life, even if retired.) give street address) **INDUSTRY** intor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER COUNTY NO and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Hotta rank 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na, ar unknawn) 7903 Hastingshane Mr. M.K. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RMINAL BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) Canditians, if any, which gave) ENERALIZED METASTATIC rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician stating the underlying cause RCINDHA TOSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be aetached far use as the State Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO Z 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJUR 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18.) HOUR A.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. City ar Tawn County State 220. I certify that (1) (this hospital) attended the deceased from FEB 38, 19.6.2 to sow the deceased glive on APRIL 6 1969 and that in (my) (our) opinion death occurred an the date and haur and fram the 3 shauld directar, page 3 shauld shauld be filed with the causes stated above, (1) (we) (did) (did not) view the body ofter deoth 22b. SIGNATURE 22c. DATE SIGNED, STAFF PHYS. DIRECTOR PHYSICIAN'S 22e. ADDRESS NAME (Type) 8808 BRANCHAVE. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (State) (County) Burial (Specify) Cedar Hill Cemetery 4/10/68 Suitland. Prince Georges DIRECTOR Robert E. Wilhelm Funeral Home 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATS (4) ICharles & 4308 Suitland Road, Suitland, Maryland



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 thears.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type ar print) AMANDA BEE CHASE 4 Manth 14 Day 68 Year M
3 1	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IFUNDER I YEAR IF UNDER 24 HRS.
	FEMALE COLORED 3/23/20 last birthday YRS. MONTHS DAYS HOURS MIN.
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ca	UNITY) YORK, S.C. USA WIDOWED DIVORCED PRINCE GEORGE Md.
10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.)
15	ChINTON, MD. CLINTON COMM. HOSP.
adr	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN rissian) STATE D. C. 13b. COUNTY WAS HE NO 1115 BELVIEW ST. S. E.
14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
	G. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Addr
F	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
Н	1 MMEDIATE CAUSE (a) elimony enchants
	Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF /
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CATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
FICA	4 9-68 Garyen RV lug YES NO FT CAUSES OF DEATH?
CERTIFIE	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
MEDICAL	□ or contributing □ cause of ΦEATH HOUR A.M. Month Day Year 19 19
W	21d. INJURY OCCURRED While Nat while at wark at wark at wark
	22a, I certify that (I) (this haspital) attended the deceased from 19, ta 19, ta 19, that (I) (we) last
	saw the deceased glive an
	couses stated above, (I) (we) (did) (did nat) view the body after death.
F	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED PHYS. DIRECTOR PHYS. 12c. DATE SIGNED 4/15/68
	22d. PHYSICIAN'S NAME (Type) Elic A. Sayon 40 2527 Belleview At Chevily Mb
23	a BURIAL CREMATION, 23b. DATE 8-68 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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	RADWN+DAVISON-5635-EAdsoft Date
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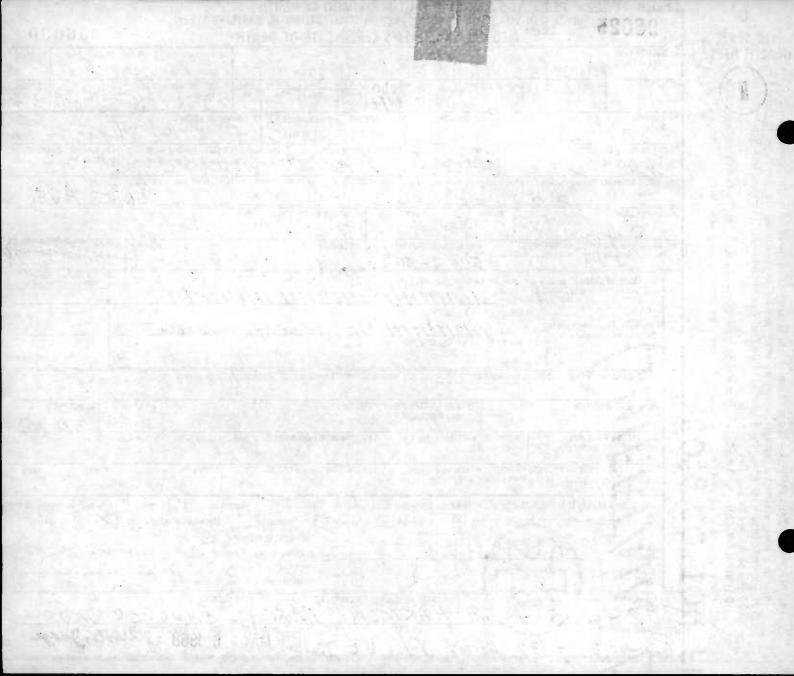
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06030
HEALTH DEPT		ECEASED-NAME First Middle Dast Last 2a. DATE KNOWN Manth Da	ay Year 2b. HOUR
· 2 0 0 0	(Type or Print) CORNELIUS (NMN) CHESTAUT DEATH MATED COPULT	28 1968 M
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de de	100	M Quely 4 1927 West birth DAYS HOURS MINE Worth & 2004S	Year 1968 3 EM
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hours after death tem 18. Give Pages 1, Office along with form 1 and 2 with the State De ofter death.	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
24 hin Ite in Ite r's Of es lo rs of		Lunn Chartnut Ellie Parker	
hin 24 ncil in niner's pages haurs	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANY ADDRESS ADDRESS	. Springs
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ecuted wit ing" in pe edical Exan ermit. File within 72		1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	IFIC	WAS PERFORMED?	YES NO
The page of the pa		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1B.)
certifi certifi hould lles. should tion, c	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
State and	MEC	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. No. City at Tawn	County State
XAMINER: the cert ge 4 should your files. Page 3 shou cremotion,	-	WHILE NOT WHILE factory, office building, etc.)	
5 5 5		22a. I certify that I taak chorge of the remoins described above, held on Autapsy 🖳 Inspection 🚉 Inquiry	and in my apinian
bical Research Research Policetor. Postoined for DIRECTOR:		death resulted from: Natural causes 🗓, Accident 🗒, Suicide 🗍, Homicide 🔲, Undetermined manner 🗵	X /
oleose e director etoined DIRECT or to bu		CHIEF MEDICAL EXAMINER 4 -2-	7-68
a_ 2 . o		SIGNATURE Day OW allems M.D. ASSISTANT MEDICAL EXAMINER (22b. DATE SIGNATURE)	ENED / 1 = 101
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o DEPUTY necessary, if the funeral 5 may be r o FUNERAL NHealth prid		NAME (Type) DAYTON) ONATKINS ADDRESS(Street, city, town, or country placen	shurg my
the the	230		aunty) (State)
60	7	3 REMOVAL (Specify) 5-4-68 HARMONY PARK LANDOVER	. MD.
Jiv.	24.	EUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE Quedge
VR A15ME (5) 10M REV. 1/68	19	POLLINS 4339 HUNT PL NETC. DATE MAY 6 1968 forms	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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£ %£		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
de d	(1	ype or print)	rmano	Ciroli	Month 4 Day	10 Year & Ililopm
	3. SE	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR
Pages urs affe		MAle	W	8-21-01	lost birthday) YRS.	MONTHS DAYS HOURS MIN.
A non		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
in 24 hours of illed in by the papers. Pag	COU	ItAly	U.S	WIDOWED DIVORCED	Pr. George	Md.
fille pap hin	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTI	TUTION (If not in hospital 12a. USUA	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
ob with		Clinton	Trinelliew	Garden Inte	ernal Revenifretired.)	
requires that the death certificate be executed within 24 hours physician. signed by the attending physician and campletely filled in by the burial-transit permit. Then please remaye carbon papers. Pas burial, crematian, ar remayal, and in any event, within 72 hours burial, crematian, ar remayal, and in any event, within 72 hours		USUAL RESIDENCE (Where decedission) STATE		3c. CITY OR TOWN 13d. INSIDE CITY LIP Cheveny YES NO		Jyn Pl.
exe ema any	14.	FATHER'S NAME First	Middle Losi	IS. MOTHER'S MAIDEN NAME F	rst Middle	Lost
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e death certificate be ex attending physician and sermit. Then please rem an, ar remaval, and in an		WAS DECEASED EVER IN U.S. AR 'es, na, ar unknown) (If yes give	MED FORCES? war or doites of service) 16b. SOCIAL SECURITY NO		Circol, Address	oz Joslyn Pl.
th certificaling physical, Then plane	F	18 CAUSE OF DEATH (Enter of	nly ane cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath ending nit. I		PART I. DEATH WAS CAUSI	ED BY: IATE CAUSE (a) C-A Of	the lung K	It upper labe	Detrical block stop bearing
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the chiral particular transfer of the chiral	1	Conditions, if ony, which gave	1 monsum	conca R.V.	4	
that the d an. by the att ransit per crematian,		rise ta immediote cause (o), stating the underlying couse				
sicia sicia led b lal-tr al, cr		lost.	(c)			
equire physic signed burial burial		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(o)	
2, L 0 0	z	163 X				
e la fend is b as as pria	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 2Da. AUTOPSY? YES NO NO	2Db. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
IAN: The	CERTI	21o. ACCIDENT WAS UNDERLY	NG 21b. TIME OF INJURY		noture of injury in Part 1 or Port 2,	tem 18.)
clan: Dital or tificate of far us af Healt	MEDICAL	DR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Day Year			
PHYSIC e haspi nis cert stached Dept. a	MED	(If either, notify medical exam 21d. INJURY OCCURRED While Nat while at work of wark	B. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	City or Town	County State
e de de de de de		220 certify that (1) (4	his hermital) ottended the deceosed	from (1 px) 5 19 (8. to april. 14.19	6 thot (1) (lost
ned by Rr. Aftruld be the St		sow the deceased	olive on 19 ve, (I) (a) (did) (did) view the bo	68, and that in (my) (out) opi	nion deoth occurred on the do	te ond hour ond from the
AT Show with with		22b. SIGNATURE	1 , / -		ED. STAFF 22c.	DATE SIGNED
OR be 3 de 3 ed v	Н	Trady	Sadeg hum	DEGREE PHYS. UD D	IRECTOR PHYS.	
AL AL Page Page e fill		22d. PHYSICIAN'S NAME (Type)	at Cold abitan	22e. ADDRESS	er Springs, Md.	
NER tar,	L	11	adj Sadeghian			(6.1)
TO HOSPITAL OR ATT Page 4 may be retain TO FUNERAL DIRECTOI directar, page 3 shall shauld be filed with		REMOVAL (Specify)	r 15, 1968 23c. NAME OF CE	ivet Cemetery	23d LOCATION (City or Town) Washington D.	
	24.	FUNERAL DIRECTOR	ADDRESS	2Sa. REC'A	REGISTRAR'S REGISTRAR'S	SIGNATURE
VR A15 (4) 30M REV. 1/68		F. Ga	sch's Sons Hyattsv:	IIIe, PIG. DATE	1900	10

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U	0000		CERTIFICATE OF DEATH							
1. DECEASED (Type or		irst Ge	Middle rrett	Cline		20. DATE OF April	- Manth 3	Day 68 Year	2b. HOUR 2:35	
3. SEX	male		hite		Feb. 2, 1			IF UNDER 1 YEAR MONTHS OAYS YRS.	IF UNDER 24 HRS. HOURS MIN	
country)	W.Va.	76. CITIZEN OF WHA	V	WIDOWED 🗌	NEVER MARRIED DIVORCED		Georges		M	
River		give stro	E OF HOSPITAL OR INSTITU eet address) nd Memoria	l Hosp	ital Reti	mast of working red U.S.	(Kind of wark do life, even if retire Governm REET AND NUMBER	ed.) INDUSTRY	BUSINESS OR	
admissian)	Marylar Marylar		Georges J	Hyatts	ville YESXX	NO □ 481	1-48th	Avenue		
14. FATHER'S	NAME First George	Middle	Cline		Almeda	First Webb	Middle	6	Lost	
	ECEASED EVER IN U.S. or unknown) (If yes a Yes	ive war or dates of service)	66. SOCIAL SECURITY NO. 236 05 8437		ormant spital Rec	ords	Addres		IMATE INTERVAL	
rise ta stating last.	ions, if ony, which go immediate couse (o the underlying cou 2. OTHER SIGNIFICANT	a),((b)	A CONSEQUENCE OF	RELATED TO,T	HE-TERMINAL DISEASE O	hales	All far All MART 1(a)	fist 5	tro	
190. D/	TE OF OPERATION 1	96. CONDITION FOR WHICH	OPERATION WAS PERFO	RMED	20a. AUTOPSY? YES NO [CALICE	YES, WERE FINDIN OF DEATH?	IGS CONSIDERED IN C	ERTIFYING	
₹ □ OR O	CCIDENT WAS UNDER ONTRIBUTING CAUSE OF er, natify medical ex-	DEATH HOUR A.M.	NJURY Month Doy Yeor 19	21c. HOW	INJURY OCCURRED (En	ter noture of inju	ry in Part 1 ar Por	rt 2, Item 18.)		
While at worl	at wark	21e. PLACE OF INJURY (ar Tawn	County	State	
220. I certify that (I) (this hospital) attended the deceased from										
1 3	GNATURE	W Ma	alma	M DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	-68	
N	HYSICIAN'S IAME (Type)	WMA	410	M.L	22e. ADDRESS	Made	ale	,220	d	
REWO,	AL(Specify)	3b. DATE pril 5, 196			emetery	Colma		Pro Geo	(State) Md.	
24. FUNERA	DIRECTOR Gasch	s Sons	Myattsville	e, M	d. 2So. RECD	R 8 - 19	68 ^{2Sb.} REGISTR	RAR'S SIGNATURE	age	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete that it is director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers, should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 ha **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08	323	CER	TIFICATE OF DEATH			0.00	0 13 43
1. DECEASED-NAME (Type or print)	First	Middle	Last	2a. DATE OF	DEATH Do	Year Year	2b. HOUR
(Type of pillit)	Vernon	G.	Coakley	April	Manth 23, Da	1968 ^{Year}	5 A. M
3. SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Male	Cauca	sian	3/31/05		last birthdoy) YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote country)	or foreign 7b. CITIZEN OF WE	IAT COUNTRY? 8. N	MARRIED NEVER MARRIED	9. COUNTY OF	DEATH		
	ZIXIA V.		IDOWED DIVORCED	Prince	Georges		Md.
10. CITY OR TOWN OF		AME OF HOSPITAL OR INSTITUT	FION (If nat in haspital 12a. USL	JAL OCCUPATION	(Kind of work done	12b. KIND OF INDUSTRY	BUSINESS OR
Cheverly	give	treet oddress) nce Geo. Gen	1 Hospital	ARRE	life, even if retired.)	TONSD	RIAL
13o. USUAL RESIDENCE	(Where deceosed lived, if institut		CITY OR TOWN 13d. INSIDE CITY		REET AND NUMBER		
admission) STATE	13b. COUNTY Prince	Georges H	vattsville YES	10 47	14 Edmonst	on Road	
14. FATHER'S NAME	First Middle	Lost	15. MOTHER'S MAIDEN NAME		Middle		Lost
JAM	ES (2 CO)	aKLFY	WYKNOWN.		HEAT	NOLL	
	VER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT Margaret F.C	0. 01	Address	n It is	13
Yes, na, as unknaw	n) (If yes give wor or dates of service)	57709828	1 margaret to	oanece	4 Same	Lean I	.5
1B. CAUSE OF E	DEATH (Enter only ane cause per lin	ne for (a), (b), and (c).)			V	APPROXII BETWEEN O	MATE INTERVAL INSET AND DEATH
	TH WAS CALISED BY-	Carcinon	of Vilano				NOCT THE DEPTH
189		AS A CONSEQUENCE OF	a of Kraney				
Conditions, if ar		O A CONSEQUENCE OF					
rise ta immedi	ote couse (o),	AS A CONSEQUENCE OF					
stoting the und	erlying cause (c)	o n consequence of					
PART 2. OTHER	SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RE	ELATED TO THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
	stacis to lungs						
190. DATE OF OPE	RATION 196, CONDITION FOR WH	ICH OPERATION WAS PERFOR	MED 200. AUTOPSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN CI	ERTIFYING
190. DATE OF OPE			YES NO	CALISES	OF DEATH?		
21a. ACCIDENT	WAS UNDERLYING 21b. TIME OF	INJURY	21c. HOW INJURY OCCURRED (Ent		ry in Port 1 or Part 2,	Item 18.)	
	CAUSE OF DEATH HOUR A.M.	Manth Day Yeor					
21d. INJURY OC	moditor oxidition;	19 AT HOME, FARM, STREET, FACTORY,	21f. LOCATION Street or R.F.D. N	o. City	or Town	County	State
While Not v	viiiio	OFFICE BUILDING, ETC.		,			
at wark at w	- AL -A	anded the deceased f	ram 2/26/68 , 19	. ta	4/23/68 . 19) that	(th) (we) last
saw the	deceased alive an Apa	11 23 1968	B_, and that in (cosy) (aur) apy after death.	oinian death o	accurred an the d	ate and haur	and fram the
causes	stated abave, *(we) (díd)	(Nick NOT) view the bad	y after death.	/			
22b. SIGNATURE	001		ATTENDING	MED.	STAFF -	DATE SIGNED	
	12.17ah	ani, r	DEGREE PHYS.	DIRECTOR L	PHYS.	pril 23	1968
22d. PHYSICIAN' NAME (Type	.1		22e. ADDRESS				01 1
	Danram bhai				eneral Hos		
23a. BURIAL, CREMAT			TERY OR CREMATORY	23d. LOCATIO	ON (City or Town)	- //	Ma'rylan
B REMOVAL (Special			NCOLN	COLM			RYLAND
24. FUNERAL DIRECTO	Manufella at	ADDRESS	T P VVD	BY REGISTRAR	2Sb. REGISTRAR	SSIGNATURE	Vacar.
The offi	Will House	MAININD!	DATE	APR 29	1968 #	marcy,	10

1968

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filter director, page 3 should be detached for use os the burial-tronsit permit. Then pleose remove corbon pages hould be filed with the Stote Dept. of Health prior to burial, cremation, or removol, and in ony event, within TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, Page 4 may be retained by the hospital or attending physician.

24 hours after deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06034

CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. and (Type ar print) physician and campletely filled in by the funera IF UNDER 24 HRS DATE OF BIRTH IF UNDER ! YEAR SEX 6. AGE (In years last birthday) DAYS MONTHS HOURS YRS 9. COUNTY OF, DEATH 70. BIRTHPLACE (Stote or foreign B. MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? country) 1.S.A WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspite) See 12a. USUAL OCCUPATION (Kind af wark dane 12b, KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH INDUSTRY street oddress) during most af warking life, even if retired.) the attending physician and compared in a second carban city and in the please remove carban with 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN and in any event, admission) STATE 13b. COUNTY YES NO Middle 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Lost 20 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, ar unknawn) '(If yes give war ar dates of service) removal, APPROXIMATE INTERVAL BETWEEN ONSET AND CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
 PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (a) burial, crematian, DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave signed by the burial-transit p rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta t O FUNERAL DIRECTOR: After this certificate has been as the CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO YES [af Health (Enter nature of injury in Part 1 or Part 2, Item 18.) be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED far HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, natify medical examiner) P.M. detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark TO HOSPITAL OR ATTENDING 22a. I certify that (I) (this hospital) oftended the deceased from 6, 9, 1967, to 4/19, 1968, that (I) (we) lost saw the deceased alive an 1968, and that in (my) (our) opinion death accurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses stated obove, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 226. SIGNATURE ATTENDING PHYS. reco DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S RECO NAME (Type) 23c NAME OF CEMETERY OF CREMATORY NEW Hope Methodist 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE 230. BURIAL, CREMATION, REMOVAL (Specify) Church Cemetary RECO BY REGISTRAR New Hope Virginia www.1661ADDRESSOd Hope VR A15 (4) Simmons Bros. Washington,

30M REV. 1/68

LARLE CATALON ANATON LINES Wille Hall 31.45.37 i sessee asuist V189. LAWMAN MAGUELA COLLER HE me P.E. Chopelino X William GREED, MID

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36035 CERTIFICATE OF DEATH Lost 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME Middle First low requires that the death certificate be executed within 24 haurs after death. death and completely filled in by the funeral Month (Type or print) Yeor William E. Constantine April IF UNDER 1 YEAR national prigordant with the property of remayol, and in any event, within 72 hours after 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3. SEX lost birthday) 7/24/17 Male White 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) USA Prince George's Maine DIVORCED X WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY Construction spesierice de Gen. Hospital the attending physician and completely fi sit permit. Then please remove carban Cheverly Mechanic 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o, USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13b. COUNTY Pr Maryland 51st Ave Geo Captial Hets Lost 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Mabel Graves Charles Constantine 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Cheverly, Md. Hospital records Yes, no, or unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardio-vascular Accident IMMEDIATE CAUSE (o) _ cremation, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? PHYSICIAN: The YES 🗍 NO XXX of Health O FUNERAL DIRECTOR: After this certificate be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram4/3 saw the deceased alive an April 6. should directar, page 3 should should be filed with the causes stoted abave, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. XXX 4/6/68 DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S B. Bahrami, M.D. NAME (Type) 23d. LOCATION (City or Town)
Livermore Falls 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) Maine (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Pleasant View Cemetery 4/10/68 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Md. 30M REV, 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06036 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR First Manth 18, (Type ar print) Lisa Day1968 ear Critchfield Tirl :30P M April 6. AGE (In years lost birthdoy) IF UNDER 24 HRS. 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR DAYS **Female** Caucasian 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED XX country) WIDOWED [DIVORCED Maryland U.S.A. Prince Georges

120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY Prace Georges Gen'l Hospital Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 5402 85th Ave Prince Georges New Carrollton Maryland 14. FATHER'S NAME Middle lost 15. MOTHER'S MAIDEN NAME First Phillip Critchfield Barbara Ice 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes no, ar unknawn) Phillip C. Critchfield Same as #13 none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (s).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER DIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work saw the deceased alive an 4-18 1917, and that causes stated abave, (I) (we) (did) (did not) view the bady after death. _1917, and that in (my) (see) apinian death accurred on the date and haur and fram the 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S 6323 Landover Rd., Cheverly, Maryland NAME(Type) Amir Banisadr. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE (County) (State) BREMOVAL (Specify) 4/19/68 Ft. Lincoln Colmar Manor Md. P.G. ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 March Francis Gasch's Sons Hyattsville, Md.

requires that the death certificate be executed within 24 haurs after death signed by the attending physician and campletely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, crematian, ar removal, and in any event, within 72 haurs after degth Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to TENDING PHYSICIAN: The

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36037 CERTIFICATE OF DEATH Last 2g. DATE OF DEATH 2b. HOUR Middle DECEASED-NAME First April (Type or print) 1968 CURRIE 10:36p (None) LEON IF UNDER 1 YEAR IF UNDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 4. RACE 3. SEX DAYS last birthday) MONTHS Nov. 1, 1880 Caucasian Male 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State ar fareign 8. MARRIED NEVER MARRIED No. Carolina Prince George's County WIDOWED X DIVORCED [7] USA 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street address) 7153 Clayton Lane Farming Clinton, Md. 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 3d. INSIDE CITY EIMITS? odmission) STATE Maryland Pr. George's YES 🔽 NO Clinton 7153 Clayton Lane Middle IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Daniel ArchiBALD Currie Margaret McInnis Ann Address Clinton, Md. 16b. SOCIAL SECURITY NO 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) '(If yes give war or dates af service) Howard L. Hiester, 7153 Clayton Lane 218547959 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 14C ARREST IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF RIO SCLEROTIC HEART DISEASE Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO P 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION County State 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. City or Town While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram_ __, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an-19_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR

ARTHUR, CAPT ATTENDING

DIRECTOR

STAFF PHYS.

Milwella

23d. LOCATION (City or Town) (Caunty)

24. FUNERAL DIRECTOR

-25a. REC'D BY REGISTRAR

DEGREE

OF CEMETERY OR CREMATORY

2Sb. REGISTRAR'S SIGNATURE 1968

(State)

VR A15 (4) > 30M REV, 1/68

director, shauld

death.

Maurs after

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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O FUNERAL DIRECTOR: After this certificate has been

O HOSPITAL OR ATTEND Page 4 may be retained

physician and campletely filled in by en please remave carban papers.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36038 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAM Middle 20. DATE KNOWN Yeor (Type or Print) ESTI-Page Richard 0 af Dent 1968 DEATH MATED and 3 IF UNDER 1 YEAR 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR HOURS Day my male Negro 11-15-41 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, Washington, D.C. WIDOWED [DIVORCED [Prince George's haurs after death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Examiner's Office along with Baltimore-Washington Pkwy. during mast of warking life, even if retired.) Elec. Engineer INDUSTRY Greenbelt 13e, STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR JOWN admission) STATE 13b. COUNTY 824 Belleview Street, S.E. YES X NO and2 after 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Wesley Dent Cleo Turner pages haurs 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17 INFORMANT **ADDRESS** be executed within (Yes, no, ar unknown) (If yes give war or dates of service) Mrs. Cleo Kirby-mother-1425 Varnum St File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH .⊆ 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) Page 4 shauld be farwarded to the Chief Medical burial-transit permit. PART I. DEATH WAS CAUSED BY pending" IMMEDIATE (AUSE (a) third degree burns of 100% of body surface minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove (b) Fire - auto accident rise to immediate couse (a), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS remaval, CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO X 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) b 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year Page 3 shauld PRIMARY OR CONTRIBUTING X P.M. am 4-7 1968 driver of car which caught fire after collist CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Baltimore washington Pkwy. near Rte. 193. Greenbelt. NOT WHILE P.G. D may be retained far FUNERAL DIRECTOR: 220. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry X, ond in my opinion the funeral directar. Natural couses Accident X. Suicide . Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 4-8-68 DEPUTY MEDICAL EXAMINER 5 may O FUNEI NAME (Type) John Kehoe M.D., Riverdade, Maryland ADDRESS(Street, city, town, or county) 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 11/68 Lincoln Memorial Ceme. Maryland

Home-4001 Benning Rd., N. FAPR 1

2So. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

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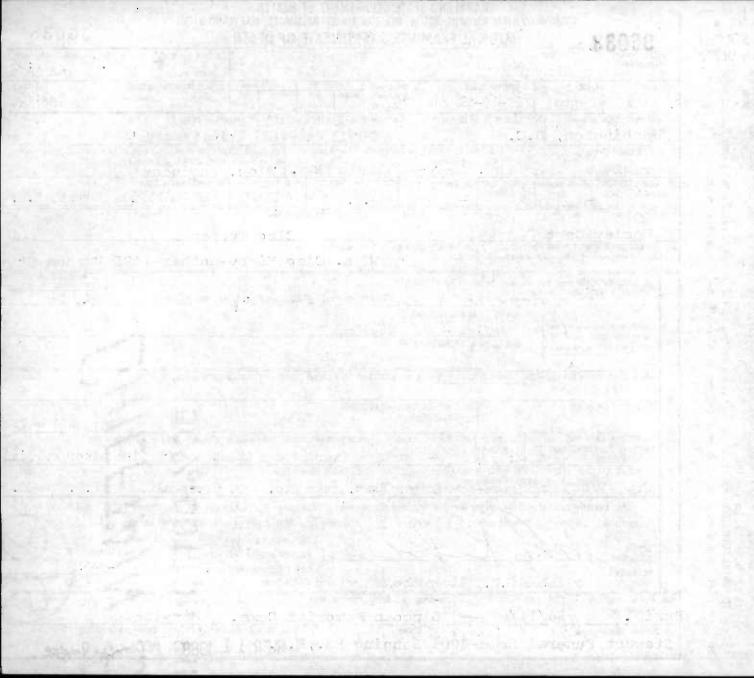
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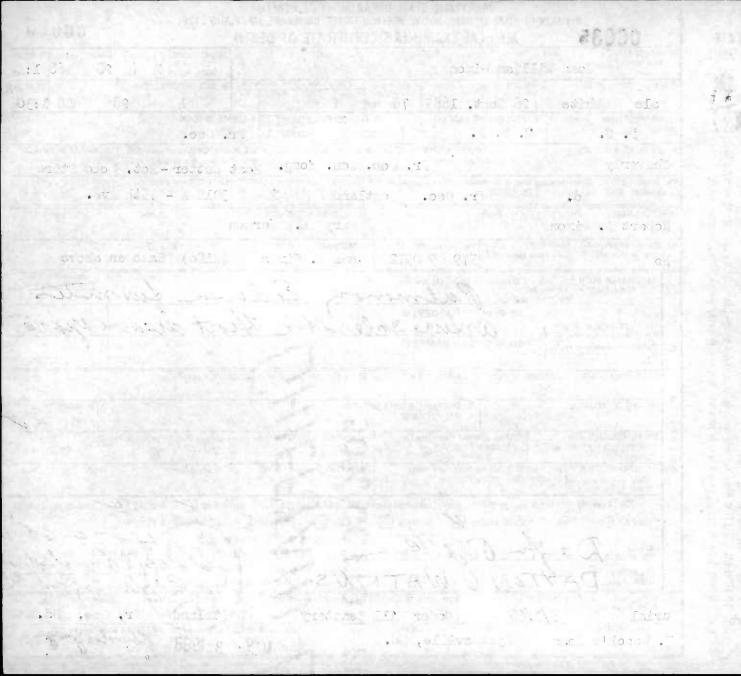
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Funeral



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Conditions STATE D.C. 13p-COUNTY Washington YES Nol 515 16th Street, S.E.	カス	10. C	TY OR TOWN OF I	e (ru		gi y	treet addr	Dale	Hospit	al	l 12a. duri	USUAL OC House	working wille	life, even if r	retired.)		BUSINESS OR
Michael Anderson Florence M. Jacobs 16a. WAS DECASED FVER IN U.S. ARMED FORCES? V.S. Do. or unknown To year was or defect of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT (Decedent) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE 10. OR AS A CONSEQUENCE OF rise to immediate cause (o), staining the underlying cause (so.). 19a. DATE OF OPERATION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 19b. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. ACCIDENT WAS UNDERLYING 10c. PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 21d. AUGUST OF CARINE 21d. INJURY OCCURED LINE OF INJURY (AT HOME, FAME, SIRCE, ACCOR). 19c. DATE OF INJURY (CAUSE) OF DEATH WAS UNDERLYING County Stole with the deceased dive on the decease	17	13o. admi			ceased lived	OUNTY	tion: Reside	ence before			1					et, S.E	•
CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSE BY: MMEDIATE CAUSE (a) Aspiration of secretions 1 day	3	14. F	ATHER'S NAME	First [ichee	1	Middle	A			S. MOTHER'S			ice			Jacob	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Aspiration of secretions 1 day DUE 10, OR AS A CONSEQUENCE OF (onditions, if any, which gave) 1 to 10		16a. Y.	WAS DECEASED EV	/ER IN U.S.	ARMED FOR give war or dotes	CES? s of service)	16b. SOCI	AL SECURITY			ent)			A	ddress		
DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. ACCIDENT WAS UNDERLYING CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING COVERED 21d. INJURY OCCURRED 21d. INJURY OCCURRE			18. CAUSE OF D	EATH (Ente	USED BY:	1	ine far (a), Aspir	(b), and (c)	of se	creti	ons					BETWEEN O	ISFT AND DEATH
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? Yes 21b. ACCIDENT WAS UNDERLYING CAUSEs of DEATH? Yes 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21d. INJURY OCCURRED While Not while Not while Not while Not while Not work of work Home 22a. I certify that (1) (this haspital) ottended the deceased from 4/3, 19.68, to 4/21/, 19.68, that (1) (we) lost saw the deceased dive an 4/21/1968, and that in (203) (our) opinion death occurred an the date and haur and from the causes stoted abave, (2) (we) (did) (biological) view the bady ofter death. Accident 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. 23b. DATE 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. 22d. BURIAL CREMATION, HELD CAUSE OF DEATH? 22d. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Moe Weiss, M.D. 22d. BURIAL CREMATION, HELD CAUSE OF DEATH? 22d. DATE SIGNED 22d. DATE SIGNED	/		880. >	X	DU	UE TO, OR											J. T.
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 190. DATE OF OPERATION 190. CONTRIBUTION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 210. ACCIDENT WAS UNDERLYING 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 190. CAUSES OF DEATH? 211. THE OF INJURY 190. ACCIDENT WAS UNDERLYING 190. DATE OF OPERATION 190. CAUSES OF DEATH? 212. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 190. DATE OF OPERATION 190. CAUSES OF DEATH? 212. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 213. INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18.) 214. INJURY OCCURRED (Injury in Port 1 or Port 2, Item 18.) 215. LOCATION Street or R.F.D. No. 216. LOCATION Street or R.F.D. No. 217. LOCATION Street or R.F.D. No. 218. LOCATION Street or R.F.D. No. 219. LOCATION Street or R.F.D. No. 219. LOCATION Street or R.F.D. No. 220. I certify that (I) (this haspital) ottended the deceased from 4/3, 19.68, to 4/21/, 19.68, that (IX) (we) lost saw the deceased alive an 4/21 19.68, and that in Rasy) (our) opinion death occurred an the date and haur and from the causes stoted abave, (I) (we) (did) (statood) view the bady ofter death. 220. PHYSICIAN'S NAME (Type) 220. PHYSICIAN'S NAME (Type) 221. ACCIDENT A COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF COUNTY OF CAUSES OF CAUSES OF DEATH? 222. ADDRESS Glenn Dale Hospital 223. BURIAL CREMATION, PHYSICIAN'S NAME (Type) 224. JOSSIAN OF CREMATION, PHYSICIAN'S NAME (Type) 224. JOSSIAN OF CREMATION, PHYSICIAN'S NAME (Type) 224. JOSSIAN OF CREMATION, PHYSICIAN'S NAME (Type) 225. SIGNATURE 226. ADDRESS Glenn Dale Hospital 227. JOSSIAN OF CREMATION, PHYSICIAN'S NAME (Type) 228. ADDRESS Glenn Dale Hospital 229. JOSSIAN OF CREMATION, PHYSICIAN'S NAME (Type) 230. JOSSIAN OF CREMATION OF CREMETERY OF CREMATION OF CREM			rise to immedia	ite cause (0) /	UE TO, OR	AS A CONS UA CITI	EQUENCE OF	a due	to di	sloca	tion	of c	ervica	.1	4 mo	
			PART 2. OTHER S	SIGNIFICANT	CONDITIONS	S CONTRIBL	UTING TO D	DEATH BUT N	OT RELATED	O THE TERMI	INAL DISEAS	E OR COND	ITION GIVE	N IN PART 1(c	0)		
OR CONTRIBUTING CAUSE OF OEATH HOUR ALM. Manth Doy Yeor 19 68 Fell down a flight of stairs 21d. INJURY OCCURRED While Not while Not while Not while Not while Not while whork at work 12d. INJURY OCCURRED While Not while Not while Not while who while who while of work at work 12d. Injury OCCURRED While Not while Not while Not while who who while who who while who who while who who who while who who who while who who who while who		TIFICATION	19o. DATE OF OPE	RATION	19b. CONDITI	ION FOR WI	HICH OPERA	ATION WAS PI	RFORMED			NO 🔲					RTIFYING
Wishington Washington D. C. 22a. I certify that (this haspital) ottended the deceased from 4/3 , 19 68 , to 4/21/ , 19 68 , that (the last one haur and from the causes stated above, (the l	1		OR CONTRIBUTING	CAUSE OF	OFATH	HOUR AM.	Manth								or Port 2,	Item 18.)	
22a. I certify that (f) (this haspital) ottended, the deceased from 4/3 , 19 68 , to 4/21/ , 19 68 , that (** (we) lost saw the deceased alive an 4/21/ 1968 , and that in (** (our) opinion death occurred an the date and haur and from the causes stated abave, (** (i) (we) (did) (** (did) (** (did) (** (did) (did) (** (did)	^	MEDI	21d. INJURY OCC	URRED vhile	21e. PLACE	OF INJURY	(AT HOME, I	FARM, STREET, FA	CTORY,) 21f.	OCATION S	treet or R.F	.D. No.	City		rt.on	Caunty	
22b. SIGNATURE DEGREE ATTENDING DIRECTOR & STAFF PHYS. DIRECTOR & DIRECTOR & DIRECTOR & STAFF PHYS. DIRECTOR & DIRECTOR	-		22a. I certify	thot (f)	d alive a	n	4/2	21/	1968 a	d that in	(prod	r) opinio	, to	4/21/	. 19	68 , thot ite ond haur	(M (we) lost
				t	live	W	em	/		ATTEN	NDING _		TOR &	STAFF PHYS.			8
PERVALSOPRITY) ARRIL 24.1968 ARLINGTON EMELERY ARE THE TOTAL THE	1		22d. PHYSICIAN'S NAME (Type	s) P	loe We	eiss,	M.D.			22e. /							
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 86636 36041 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First April (Type ar print) Doneff 1968 Eva 6:50PM 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS last birthday) HOURS 1/1/1897 Female White 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Russia United States WIDOWED DIVORCED [Prince Georges 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Glenn Dale Hospital during mast of warking life, even if retired.)
Housewite INDUSTRY Glenn Dale 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 5103 Illinois Ave. N.W. YES Washington D.C. Middle 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Last Charles Feinberg ? Dora 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) No (If yes give war or dates of service) decedent None APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Acute Pulmonary edema 4 hours IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Canditions, if any, which gave rise ta immediate cause (a), stating the underlying cause

19a. DATE OF OPERATION

(b) Arteriosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF (dGeneralized arteriosclerosis

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) cerebro-vascular accidents; paralytic ileus with bowel obstruction; diabetes

				YES 🗌	NO 🔀	CAUSES OF DEATH?		
ı	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW	INJURY OCCURRE	D (Enter nature	af injury in Part 1 ar Pa	art 2, Item 18.)	
ı	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year						
ı	(If either, natify medical examiner)	P.M. 19						
		CE OF INJURY (AT HOME, FARM, STREET, FACTORY,	21f. LOCA	TION Street or F	R.F.D. Na.	City ar Tawn	County	
ı	While - Not while -	OFFICE BUILDING, ETC.	'					

at wark at wark

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a. AUTOPSY?

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

State

vears

vears

22a. I certify that XI) (this hospital) attended the deceased from 10/28, and that in (My) (our) opinion death occurred on the date and hour and from the couses stated gbave (we) (did) (we) view the body ofter death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 4/12/68 DIRECTOR XX DEGREE PHYS. PHYS 22e. ADDRESS Glenn Dale Hospital

22d. PHYSICIAN'S NAME (Type) 230- BURIAL, CREMATION

REMOVAL (Specify)

Moe Weiss, M.D.

23c. NAME OF CEMETERY OR CREMATORY MONE FIORECEM.

Glenn Dale Maryland 23d. LOCATION (City or Town) CHELTENHAM

(County) (State) MONT

24. FUNERAL DIRECTOR

DOERS KWERAL HOME 42179715, 180

2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

attending physician and campletely filled in permit. Then please remave carbon papers The law requires that the death certificate be executed within 24 ar remaval, and in any event, permit. the burial-transit signed by Page 4 may be retained by the haspital ar attending physician. as the TO FUNERAL DIRECTOR: After this certificate has been shauld be detached far use TO HOSPITAL OR ATTENDING PHYSICIAN: State Dept. director, page 3 shauld be filed v

death.

within 72 haurs after

cremation,

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af

CERTIFICATION

MEDICAL

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

11000 APPARENT TO THE STATE OF THE ST

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06043

	ECEASED-NAME Type or print)	First izabeth Ro	Middle oslin	lost Dwyer	2a.	DATE OF DEATH Month	Pay Year	2b. HOUR
3. SE	EX Female	4. RACE White	2	S. DATE OF 1/30/		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 NRS. HOURS MIN.
COU	BIRTHPLACE (State or fore	a. Am.	w		ORCED []	P. G. County		Md
	city or town of DEATH		AME OF HOSPITAL OR INSTITU street address) gene Leland 1	TION (If not in hospital Memorial	during mast af	UPATION (Kind af wark don warking life, even if retired e wife	.) INDUSTRY	BUSINESS OR
	USUAL RESIDENCE (Where ission) STATE Md.	deceased lived, if institut 13b. COUNTY		.CITY OR TOWN eat Pleasa	139 INSIDE CITY FIWITSS	13e. STREET AND NUMBER 7004 Grein	St.	
	FATHER'S NAME First Josep	h Olive		Fra	MAIDEN NAME First	Amato		Lost
	(es, no, or unknown)	U.S. ARMED FORCES? If yes give war or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT	Dwyer 70	Address	Seat Pla	20027
	PART I DEATH WA	Enter anly one couse per li		ute Pm	eumon	itis	APPROX. BETWEEN (IMATE INTERVAL ONSET AND OEATH
	Conditions, if ony, which rise to immediate coustaining the underlying last.	h gave) (b)	AS A CONSEQUENCE OF		-0.76			
CERTIFICATION	11/63	ongestin	TING TO DEATH/BUT NOT R A CONTROL OF THE CONTROL OF T	/ Jane	OPSY?	10N GIVEN IN PART I(o) 20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING CAU (If either, notify medical	SE OF DEATH HOUR A.M. P.M.	Month Doy Yeor			e of injury in Part 1 ar Port	2, Item 18.)	
W	21d. INJURY OCCURRED While Nat while at work		(AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	Contract of		City or Town	County	State
	22o. I certify that sow the dece couses stated	(I) (th is hospital) offosed olive on decaded addressed of the control of the co	ended the deceosed f (did not) view the bod	rom July and thot id (1 y after deoth.	, 19 <u>65</u> , ny) (our) opinion	to April 2), deoth occurred on the	19 <u>65</u> , thot dote ond hour	(I) (we) lost ond from the
	22b. SIGNATURE	1 11	man	DEGREE PHYS.	ING MED.	STAFF D	2c. DATE SIGNED 4. 2/	
	22d. PHYSICIAN'S NAME (Type)	iri #. nouman	nn	22e A	verdag	e Maryle	und	_
	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE April 24/19	18 Congr	TERY OF CREMATORY	Cometers	Mashing T		(Stote)
	FUNERAL DIRECTOR	100 C	R . ADDRESS	ml	2Sa. REC'D BY REG	2 4 1968 REGISTRA	R'S SIGNATURE	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Abauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haus Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(A A)						CERTIFICA	ATE OF DEATI			U	0044
= - (4)		CEASED-NAME	First		Middle		Last	2a. DATE O			2b. HOUR
Towerol 1 opd	(1	ype or print)	Edgar	Ea	gleston	E29	leston	Apri	1 Manth 7	Day 1968 Pear	8:55 AM
- E-	3. SI			I. RACE	0.		. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
to Page	N	fale		Caucas	ian		January 2	8, 1906	last birthday) 62	RS. MONTHS DAYS	HOURS MIN
SINT O	7o. l	BIRTHPLACE (Stote or I	foreign 7b.	CITIZEN OF WH		B. MARRIED TS	NEVER MARRIED	9. COUNTY 0	F DEATH		4 17 1
4 horners.	COUL	wash, I	.C.	USA	il i di limeta della	WIDOWED		Princ	e Georges		Md.
illec pap pap		ITY OR TOWN OF DEA		11. NA	AME OF HOSPITAL OR	NSTITUTION (If nat	in haspital 12a. L	SHAL OCCUPATIO	N (Kind of work do	ne 12b. KIND O	F BUSINESS OR
with with	(Cheverly		Pri	nce Geo.	Gen'1 Ho	ospital during	Pre sym	life, even if retired	1) INDATED	nting
requires that the death certificate be executed within 24 haurs after deoth g physician. I signed by the attending physician ond completely filled in by Are Toxerol burial-tronsit permit. Then pleose remove carbon papers. ages 1 opd 2 o burial, cremation, or removol, and in ony event, within 72 hours after death	13a. adm	usual RESIDENCE (Wission) STATE faryland	here deceased li	ived, if instituti	ion: Residence befor	13c. CITY OR T	OWN 13d. INSIDE C	WA [TREET AND NUMBER 1 68th St	reet	
d cc mo			irst	Middle	Last		MOTHER'S MAIDEN NAM		Middle		Lost
on on in c		Edward	C	E	aglesto	n	Katherin	e M.	GI	Lick	
cian eos and	1 6 a.	WAS DECEASED EVER	IN U.S. ARMED I	FORCES?	16b. SOCIAL SECURIT		FORMANT		Address		eat
fifice hysi n pl vol,	Y	es na, ar unknawn) NO	(If yes give war or o	dates of service)	5782094	57 R	osie Eagl	eston	601 68th		
ceri In p		18. CAUSE OF DEAT	H (Enter only or	ne cause per lir	ne for (o), (b), and (c).)					XIMATE INTERVAL ONSET AND DEATH
ath indian		PART 1. DEATH	WAS CAUSED BY	AUSE (a) Ca	rdiac fa	lure wi	th acute p	ulmonary	edema.		
e de afte erm on, c		4129		DUE TO, OR A	AS A CONSEQUENCE O	F					12-12-7
the the sit parties		Conditions, if any, w		(b) St	enosing o	coronary	arteriosc	lerosis	with ex-		
tha by ron ren		rise to immediate of stating the underly		DUE TO, OR A	AS A CONSEQUENCE C	F	tensive m	yocardia	1 fibrosi	.S.	
res /sicional- ial-tial,	1	last.)	(c)							
equi phy sign bur bur		PART 2. OTHER SIGN	IFICANT CONDITI	ONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	ORCONDITION GIV	EN IN PART 1(a)		
ding een the rr to	NO	4201	ou line com	DIFION COD HAN	CH ODED ATION WAS	DEDECOMED.	Too wirepowe	Loo	F VEC WERE FINDING	OC CONCIDENCE IN	CEDTIEVING
AN: The law re of or attending icote has been for use os the Heolth prior to	CERTIFICATION	19a. DATE OF OPERATI	ON 196. CON	DITION FOR WH	ICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		F YES, WERE FINDING S OF DEATH?		CEKTIFTING
e he use	ERT	210. ACCIDENT WAS	TINDER! YING	21b. TIME OF	INITIDY	121, 401	YES X NO		Ye		
PHYSICIAN: e hospitol or his certificate stoched for u Dept. of Heol	MEDICAL (OR CONTRIBUTING (If either, notify med	cause of DEATH dical examiner)	HOUR A.M. P.M.	Month Doy Yes	19	THOUSE OCCURRED (iner nature of in-	ory in run i or run	2, Helli 16.)	
by the host ther this cel be detoche State Dept.	W	21d. INJURY OCCURR While Nat while	ED 21e PLA	CE OF INJURY	AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOC	ATION Street or R.F.D.	Na. Cit	y or Town	County	State
5 = + p =		220. I certify th	ot (I) (Haise Ha	ossinos otto	ended the deced	sed fram	1963 , 1	9	April 17.	19 68 , tho	t (1) (50%) lost
TENDIN ined by OR: After ould be the State		saw the de	ceased alive	on_Ap	ril 17.	19_68_, ond	that in (my)s(oux)	opinion death	accurred on the	dote and hou	r ond from the
			ed abave, (I)) (yry) (did):	(dichagt) view th	e body ofter de	eath.				
L OR ATT be retain DIRECTO ge 3 sho lled with		22b. SIGNATURE	No Ho	~ Qo.	nenta	14. 10 rope	ATTENDING PHYS.	MED. DIRECTOR	CTAFF	2c. DATE SIGNED	1069
be led		22d. PHYSICIAN'S	00 10		nema	DUEGKE	22e. ADDRESS	DIRECTOR L	PHYS.	April 17	, 1700
TO HOSPITAL OR ATTENE Page 4 moy be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		NAME (Type)	Willi	am H.	Clements,		6001 35th			ille, Md	.20782
HO FUN FUN houl	23a.	BURIAL, CREMATION,	23b. DATE			F CEMETERY OR C			ION (City or Town)	(County)	(Stote)
5 5 5 2 v	0.	BEMONAL (Specify)	4-2	2-1968			Cemetery	Colu	mbus ol	AR'S SIGNATURE	
VR A15 (4) 30M REV, 1/68	24.	FUNERAL DIRECTOR	71/0	1 :	3 200 G	7 191		APR 2 2		Clarken !	lucian
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	5040			CERTIF	ICATE OF D	PEATH		0 €	3845
1. DECEASED-NA (Type or prin		adys	Middle A •		Fields		20. DATE OF DEATH Month 4	Doy 20 Year 68	2b. HOUR 4: 30P _M
3. SEX	Female	4. RACE	hite		S. DATE OF BIRI	OO	6. AGE (In years lost bythdoy)	IF UNDER 1 YEAR MONTHS DAYS YRS.	IF UNDER 24 HRS. HOURS MIN.
70. BIRTHPLACE COUNTRY)	(Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY? U.S.	8. MARRII WIDOWI	D NEVER MARR		COUNTY OF DEATH Prince Georges	s,	Md.
10. CITY OR TO	NN OF DEATH .	91	NAME OF HOSPITAL OR II ge street oddress) ugene Lela	nd Mer	norial	during mo	OCCUPATION (Kind of work d st of working life, even if retire HOUSEW FF 11/2	ed.) INDUSTRY	BUSINESS OR
13o. USUAL RES odmission) ST		osed lived, if insti	rution: Residence before	Colle	ege Park		□ 9748 Wichit	ta Avenue	PRODUCE
14. FATHER'S N		Middle rick	Leonar	d	15. MOTHER'S MAII		st Middl Lry		lost
16o. WAS DECE Yes, no, or u	ASED EVER IN U.S. A nknown) (If yes giv	RMED FORCES? wor or dates of service)	16b. SOCIAL SECURITY		7. INFORMANT Mrs. Be	tty De	Addre	SAME AS ?	#13
rise to in stoting the last. PART 2. (s, if ony, which gov. Immediate couse (o) The underlying couse OTHER SIGNIFICANT C	DUE TO, O (c) ONDITIONS CONTRI	R AS A CONSEQUENCE O R AS A CONSEQUENCE O BUTING TO DEATH BUT C T 0 3 1 S WHICH OPERATION WAS F	NOT RELATED	Left 200. AUTOP	DISEASE ORCC	DINDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDIN CAUSES OF DEATH?		ERTIFYING
F OR CONT	DENT WAS UNDERLY RIBUTING CAUSE OF D notify medical exor	EATH HOUR A.			HOW INJURY OCCU	NO [noture of injury in Port 1 or Po	ort 2, Item 1B.)	
While of work	RY OCCURRED 21	e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACTORY.) 21f			City or Town	County	State
22a. 1	ertify that (I) (w the deceased uses stated aba	alive an	(did nat) view the	19 <u>68,</u> (e bady afte	and that in (my er death.) (aur) apir	8, ta 4 - 20 nian death accurred an th	, 19 <u>6</u> 8, that ne date and haur 22c. DATE SIGNED Y. 21	and tram the
	Е (Түре)	ARL.	J. Houm.		22e. ADDR		RIVERDALE	nD.	
230. BURIAL, C BREMOVAL 24. FUNERAL D	(Specify)	HAPRIL 19	168 NEW	1 - 1 -	OR GEMATORY -	TERY 250. REED BY	23d. LOCATION (City or Town) EMPORIUM REGISTRAR 25b. REGIST	PENNA	(Stote)

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician ond completely filled in director, page 3 should be detached for use os the burial-tronsit permit. Then please remove corbon papers should be filed with the State Dept. of Health prior to buriol, cremation, or removol, and in ony event, within 72 has a constant. Page 4 may be retained by the hospital or ottending physician.

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

NA		06041		(ERTIFICA	TE OF DEATH			56	046
= -XEXI		CEASED-NAME First		Middle		Last	2a. DATE OF	DEATH	V	2b. HOUR P
funeral for dear	(ype ar print)	Baby	Girl	Fre	eimanis	April	Manth 11, Day	1968°	1:45 M
by the fun Poges T ours after	3. SE	X	4. RACE		S	. DATE OF BIRTH		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
the the oges		Female	Caucas	sian		April 10,	1968	YRS.	monins DAIS	6 15
by P	7a. E		b. CITIZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
in 24 hou illed in b popers. hin 72 ho		Maryland	U.S.A		WIDOWED			ce Georges		Md.
within 24 hours sly filled in by the control popers. Pogwithin 72 hours		TY OR TOWN OF DEATH	nive stre	E OF HOSPITAL OR INS pet address) ce Geo. Ge		during		(Kind af wark dane life, even if retired.)	12b. KIND OF I INDUSTRY	JUSINESS OR
icote be executed within 24 husician ond completely filled in please remove corbon popers. I, and in any event, within 72 h	13a.	USUAL RESIDENCE (Where deceased ssian) STATE	lived, if institution 13b. COUNTY Prince (: Residence befare	13c. CITY OR T	OWN 13d. INSIDE CITY	NO C	REET AND NUMBER 3 Glen Dal	e Rd.	
any any		ATHER'S NAME First	Middle	Last		MOTHER'S MAIDEN NAME		Middle		Last
on on in c		Eugene Freiman:	İs			Nancy Virgi	nia Pavi	ne		
ficote t sician please al, and		WAS DECEASED EVER IN U.S. ARMEI		6b. SOCIAL SECURITY N		ORMANT		Address		
requires that the deoth certificate be executed within 24 hours after death a physician. signed by the attending physician and completely filled in by the funeral surgined by the attending physician ond completely filled in by the funeral surgingly is buriol-transit permit. Then please remove corbon popers. Pages Tand, burial, cremotion, or removal, and in any event, within 72 hours after death		Canditians, if any, which gave nise to immediate cause (a), stating the underlying cause last.	CAUSE (a) DUE TO, OR AS (b) DUE TO, OR AS (c)	mm atu A CONSEQUENCE OF Dulmo A CONSEQUENCE OF	rity	650 G				NATE INTERVAL ISET AND DEATH
	z	PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTION	NG TO DEATH BUT NO	OT RELATED TO	THE TERMINAL DISEASE OF	RCONDITION GIVEN	IN PART 1(a)		
attendin attendin has beer se as the th prior t	CERTIFICATION	19a. DATE OF OPERATION 19b. CC	INDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS (OF DEATH?	CONSIDERED IN CE	RTIFYING
IAN: tal or ficote for u f Heal	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, natify medical examine)	21b. TIME OF II HOUR A.M. P.M.	NJURY Manth Day Year		V INJURY OCCURRED (Ent	ter nature af injur	y in Part 1 ar Part 2,	Item 18.)	
S PHYSIC the hospi this certi detached e Dept. o	ME	21d. INJURY OCCURRED While Nat while at wark	ACE OF INJURY (A			ATION Street ar R.F.D. N		ar Tawn	Caunty	State
ENDING ned by R: After uld be the Stot		220. I certify that (I) (this sow the deceosed oliv causes stoted obove,	ktospitat) atten /e on Apri (I) (we) (did) (d	ded the deceose	ed from <u>A</u> 9 <u>68</u> , ond body ofter de	pril 10 , 19 that in (my) (85%) a oth.	68_, ta_A; pinion death c	pril 11, 19 accurred on the de	68 , that ate ond hour o	(i) (went last and from the
TO HOSPITAL OR ATTEI Page 4 may be retoine TO FUNERAL DIRECTOR: director, page 3 should be filed with th		22d. PHYSICIAN'S	Ulle	m	DEGRE	22e. ADDRESS	MED. DIRECTOR	STAFF PHYS. Ap	DATE SIGNED ri 1 16	
SPI14 m		NAME (Type) Berth:	a Van Gel	deren, M.				e., Chever		
Page 4 m TO FUNER director,			TE 20/68	23c. NAME OF PRINCE.		to omima.	Chever	N (City or Town)	(County) and	(State)
VR A15 (4) 30M REV.11 68	24.	FUNERAL DIRECTOR WARRY W PENN.	UR. AD	MTNISTRAT		250 REC D	BY REGISTRAR APR 2 3	2Sb. REGISTRAR'S	Signature Cionles	Indge.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL PECORDS 301 W PRESTON STREET BALTIMORE MARYLAND 21201

0604	2	N OI VIIAL RECORDS	CERTIFICATE O				6647
I. DECEASED-NAME	First	Middle	Lost	2	o. DATE OF DEATH		2b. HOUR
(Type or print)	Baby	Boy	Friend		Month Apr	Day Year 21 68	6.25A
3. SEX	4. RACE		S. DATE OF		6. AGE (In year		IF UNDER 24 HRS.
					last birthday)	MONTHS DAYS	
Male	Whi			pril 1968	ALIMITY OF DEATH	YRS.	13.
7o. BIRTHPLACE (Stote or country)	r foreign /b. CIIIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER A	TAKKIEU	OUNTY OF DEATH		
Maryland	U.S				PrinceGeorge	S	M
10. CITY OR TOWN OF DI	EATH	11. NAME OF HOSPITAL OR I give street oddress) Prince George	NSTITUTION (If not in hospito	during most o	CCUPATION (Kind of work of working life, even if reti		F BUSINESS OR
		institution: Residence before	13c. CITY OR TOWN	138. INSIDE CITY LIMITS?		ER	
Mars	13b. (0	Pr Ceo	Palmer Pa	YES NO	7612 Pomp	O** C+	
14. FATHER'S NAME		Aiddle Lost		MAIDEN NAME First	Mid	dle	Last
14. WAS DECEASED EVE	rthur Albert	Friend	YNO. 17. INFORMANT	Linda He	en Cumberlar		
Yes, na, ar unknawn)	(If yes give war ar dates of s		THO.		Addi	622	
		se per line for (o), (b), and (().)				XIMATE INTERVAL ONSET AND DEATH
PART I. DEATH	WAS CAUSED BY:	(a) prem	elur. L	^		1	2
ククロハ		TO, OR AS A CONSEQUENCE O			N. C. W.		1
Conditions, if any,	111		The state of the s	00		4	
rise to immediate	e cause (a),	(b) Aron	alus	· caro	07_		
stoting the under	lying couse DUE	TO, OR/AS A CONSEQUENCE O	1				
last.	,	(c)				1	
PART 2. OTHER SIG	SNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1(a)		
z 274X							
19a. DATE OF OPERA	TION 196. CONDITION	FOR WHICH OPERATION WAS F	PERFORMED 20a. Al	JTOPSY?	20b. IF YES, WERE FIND CAUSES OF DEATH?		CERTIFYING
210. ACCIDENT WA	C LINDEDI VING TOTAL	TIME OF INJURY			ture of injury in Part 1 or P	est 2 Item 19 V	
		JR A.M. Manth Day Yea		OCCORRED (Elliel 110	iore of injury in run 1 of r	uri 2, mem 10.j	
OR CONTRIBUTING [edical examiner)	P.M.	19				
While Nat whi	RRED 21e. PLACE OF	INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION S	treet ar R.F.D. Na.	City or Tawn	County	State
22g certify	that (I) Whitechnomits	attended the decea	sed from April	21 1968	to April 21	1968 the	nt (I) (west In
saw the c	lecensed alive on	April 21, (did) (stist rost) view the	1968 ond that in	(my) (OUF) opinio	n deoth occurred on t	he dote ond hou	r ond from th
22b. SIGNATURE	/	Λ 0				22c. DATE SIGNED	
H. K.	med	in Abrot	DEGREE PHYS	IDING KAN MED.	TOR STAFF PHYS.	April 21	1,1968
22d. PHYSICIAN'S NAME (Type)		1.		ADDRESS			
NAME (VOC)	4.5	1 01 1 / 1		00 0 11.		- 1 37	
((Amr (1)pc)	R Kenne	dy Skinton, M	1. 0. 145	on College	Ave. Colles	ge Park Ma	aryland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 books **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled if director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 30M REV. 1/68

24. FUNERA DIRECTO

2Sa. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE 1968 James Judge

Book I then I La ELECTRICIDATE IN THE Designation (Section 1997) The same of the control of the contr and the organization and a second of the sec

Minister Control Contr

70			DIVISION OF VITAL RECORDS.	301 W PRES	TON STREET BALTI	MORE, MARYLAND 21201		00040
10 10	/	06042	Items 4, 5, &6	ERTIFICAT	E OF DEATH	ms 7a &7b Film (3400 5/9/	68 kk
ي الم		CEASED-NAME First	Middle		Lost	2o. DATE OF DEATH		2b. HOUR
death	(1	ype or print)	n .I.	Gai	ther	April Month Do	1968	5:45 M
5 - 5 - T	3. SE		4. RACE		DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	F UNDER 24 HRS.
24 hours after ed in by the fupers. Pages 1		Male	Cancasian Negr	0	Dec. 17. 18	99 1897 (8 70 YRS		HOURS MIN.
A PO	7a. I	IRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT COUNTRY?			COUNTY OF DEATH .		
4 hin yers	LEOUI	try) Maryland	USA	WIDOWED	DIVORCED [Prince Georges		Md.
in 2 filled pag hin	10.	ITT OK TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in	hospitol 120. USUAI	. OCCUPATION (Kind of work done st of working life, even if retired.)		ISINESS OR
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after decendency of the standing physician. The hospital or attending physician and completely filled in by the funer his certificate has been signed by the attending physician and completely filled in by the funer stacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours when displaying the contraction of the contrac		Cheverly	Pivestpet address o . Gr	n'l Hos	pital dummy mo		IIIVUSTK7	488
ed plet car				13c. CITY OR TOV				
com com		faryland	Prince Georges	Beltsvi	ITE -	11540 Old Dal	timore P	
ex em la md	14.	ATHER'S NAME Fire	Middle Lgst	15. MC	OTHER'S MAIDEN NAME Fin	st Middle		Lost
be un a se l		Colous	gailner	117 1150	OHLVYK	to sol	OOKS	
cote sicic plea		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	D FORCES? / 16b. SOCIAL SECURITY I	17. INFO	And in	Address Address	d	
thot the deoth certifi an. by the attending phy transit permit. Then cremation, or removo	-				10 report	ar jeed	APPROXIMA	IF INTERVAL
re deoth cer attending p permit. The		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and (c).	4			BETWEEN ONSI	
ne deoth attendir permit. ion, or re	-	IMMEDIAT	E CAUSE (o)	Arres	<i>‡</i>			
he aff		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF		T		5	
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MARYLAND STATE DEPARTMENT OF HEALTH

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4308 Suitland Road, Suitland, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed wi

Page 4 moy be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36650

	DECEASED-NAME First (Type or print)		Middle		Lost	20.	DATE OF DEATH Mon	h Do	30	Yeor	2b. I	HOUR
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16	o. WAS DECEASED EVER IN U.S. ARMED	FORCES? 16	b. SOCIAL SECURITY NO.		ORMANT			Address				
	Yes, no, or unknown) (If yes give war o	r dates of service)		Mr	.Lee F		t (abov	re ad	dre	SS)		
=	1B. CAUSE OF DEATH (Enter only	one couse per line	for (o), (b), and (c),)		1155	(Husb	and)			APPROXI	MATE INTERV	VAL
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	22a. I certify that (I) (this saw the deceased aliv	haspital) attend	ded the deceased t	ram	4-4	I, 19 6 0;	to	30, 19	65	, that	(I) (w	e) last
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2,3	D. BURIAL, CREMATION, 23b. DA		23c. NAME OF CEM	ETERY OR CR	EMATORY	23d	LOCATION (City o	Town	(Coun	tv)	(Stote)
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove corban papers. Pag should be filed with the State Dept. of Health priar to burial, cremation, or removol, and in ony event, within 72 hours VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH 08046 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06851 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR death. The funeral April (Type ar print) Esther Golden. 5:30AM M. IF UNDER 24 HRS 4. RACE 6. AGE (In years IF LINDER 1 YEAR 3. SFX S. DATE OF BIRTH requires that the death certificate be executed within 24 hays-after last birthday) July 25, 1907 Negro Female physician and campletely filled in by the on please remave carban papers. Pagaval, and in any event, within 72 haurs caval, and in any event, within 72 haurs caval. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED [North Carolina Prince Georges U.S.A. 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY

Retired // UNDRY WORKER Glenn Dale Glenn Dale Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITX OR JOWN) 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 2141 N Street, N.W. YES X NO T D.C Weshington ar remaval, and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Unknown Unknown 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, ar unknown) SAME AS 2 (Decedent) the attending passit nermit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH permit. IMMEDIATE CAUSE (a) Recurrent cerebral vascular accident Sudden crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove signed by the burial-transit p rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Essential hypertension and generalized arteriostating the underlying cause 5 Years burial, (c) sclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health YES 🗍 NO X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Dov Year af. (If either, natify medical examiner) P.M. be detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. State Dept. 21e. PLACE OF INJURY City or Town Caunty State While Nat while at wark 22a. I certify that (*) (this haspital) attended the deceased from 3/22/ , 19 68 , to 4/3/ , 19 68 , that (*) (we) last saw the deceased alive on 4/3/ 19 68 , and that in (*) (our) opinion death occurred an the date and hour and from the pluods couses stoted oboye, (a) (we) (did) (didnot) view the body after deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS. 4/3/1968 DIRECTOR & DEGREE PHYS. 22d. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss, M.D. Glenn Dale, Maryland directar, 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, (Stote)

VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR

REMOVAL (Specify)

Washington, D. G.

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TO HOSPITAL OR ATTEND Page 4 moy be retained TO FUNERAL DIRECTOR: A' director, page 3 should I should be filed with the S	230.	BURIAL, CREMATION, REPROVAR (In Act y)	3b. DATE 4-8-68	23c. NAME OF C	CEMETERY OR CR	EMATORY		RLBORO LOCATION (City or Town) itland, Man		
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DIVISION OF VITAL RECORDS, 301 W.

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16a. Ye	WAS DECEASED EVE S no ar unknawn)	R IN U.S. ARM (If yes give wo	ED FORCES? or ar dates of service)	16b. SOCIAL SECURITY 213-50-2	NO. 17. IN	of ormant Mrs	Record			deressNj L Te	lece, elegra	ph Rd
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely. Alled it by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagets. P shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hau VR A15 (4) 30M REV. 1/68

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

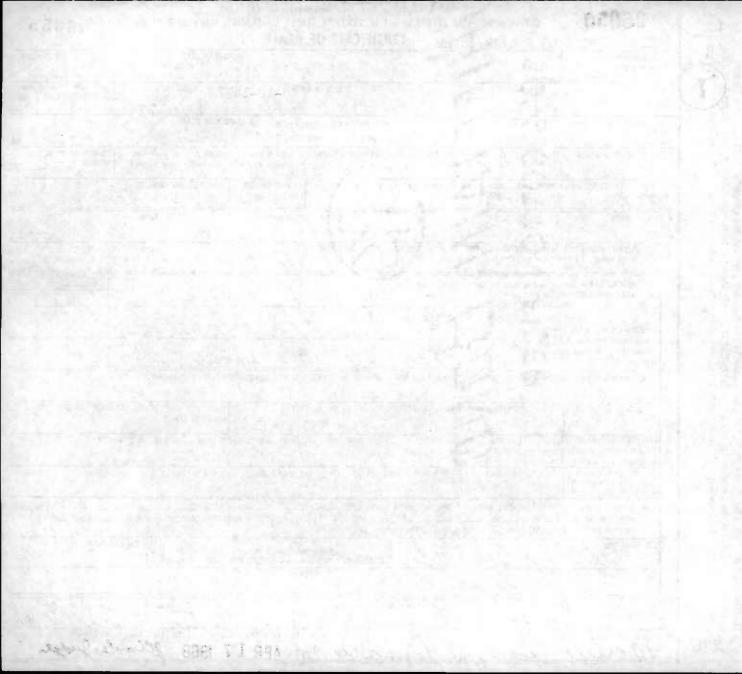
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

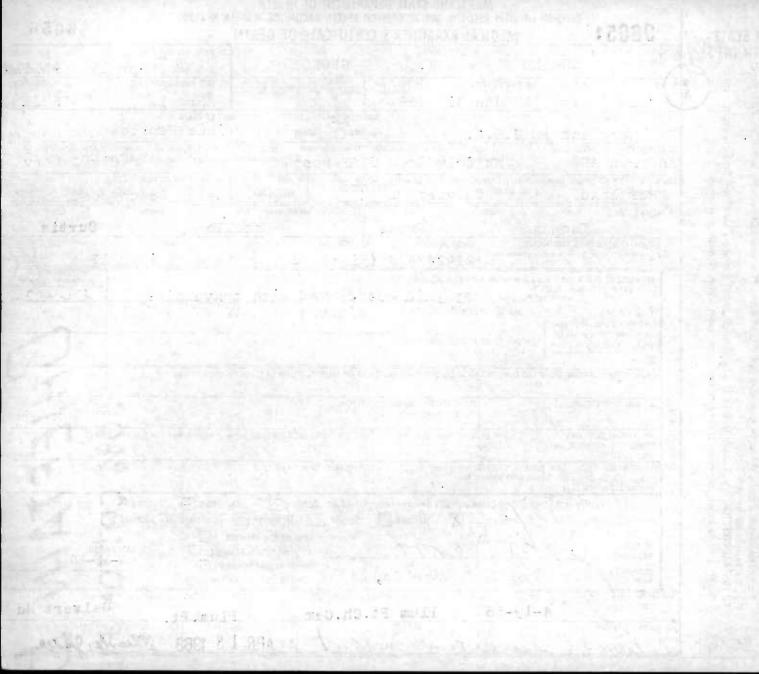
CERTIFICATE OF DEATH

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		ASED-NAME e or print)	First Edwar	rd		Middle T.		Gross	2	o. DATE OF Ap	DEATH ri ^{Mpnth}	Do	η,	1968	2b. HOUR 200 p M
	3. SEX			4. RACE				S. DATE OF BIRTH			6. AGE (In y	eors	MDNTHS		IF UNDER 24 HRS. HDURS MIN.
		la le			egro			6-16-97			last birthdo	YRS.			
	7o. BIR	THPLACE (Stote or 1			OF WHAT COL	JNTRY?		NEVER MARRIED		OUNTY OF					
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3	Riv	OR TOWN OF DEA Verdale			give street or Eugen	HOSPITAL OR INST ddress Le Lan	d Mer	norial			(Kind of wor ife, even if r			KIND OF BI USTRY	USINESS OR
6	13o. U! odmiss	on) STATE MC						R TOWN 13d. INS Reltsvilke	NO NO		22 /	MBER Gros	s La	ne	
1	14. FA1	HER'S NAME	irst	Mic	idle	Lost		IS. MOTHER'S MAIDEN	NAME First R.		N	Middle	Fra	nkli	Lost N
		AS DECEASED EVER	IN U.S. ARME (If yes give war			OCIAL SECURITY N	0. 17	INFORMANT Medic	cal Re	cord/	Siste	ddress			- 10
	I ₁	8. CAUSE OF DEAT	H (Enter only	ODE COUSE	per line for ((a) (b) and (c))									ATE INTERVAL SET AND DEATH
	NO F	oring the underly ist. PART 2. OTHER SIGN OO. DATE OF OPERATI	IFICÂNT COND	(continue con	TRIBUTING TO	D DEATH BUT NO		TO THE TERMINAL DISEA	ASE OR COND	20b. IF	IN PART 1(o YES, WERE FI OF DEATH?		CONSIDER	ED IN CER	RTIFYING
	4	To. ACCIDENT WAS ☐ OR CONTRIBUTING ☐ f either, notify med	CAUSE OF DEATH	HOUR	ME OF INJUR A.M. Mon P.M.	Y th Doy Yeor	21c.	HOW INJURY OCCURRED		ture of injur	y in Port 1 o	Part 2,	Item 18.)	
	- 4	Id. INJURY OCCURR Vhile Not while work ot work	ED 21e. P	LACE OF IN.			DRY.) 21f.	LOCATION Street or R	R.F.D. No.	City	or Town		Count	y	State
	2	20. I certify th saw the de causes stat	at (I) (this ceased ali ed abave,	hospital ve an (l) (we)	attended (did) (did n	the deceose ot) view the b	d from , a ady afte	nd that in (my) (or death.	., 19 66 ur) opinia	n death a	ccurred or	, 19 the de	ote ond	, that (I hour a	(I) (we) las nd from the
	2	2b. SIGNATURE	O, G	8,6	Bur	lie		GREE PHYS.	MED.		STAFF PHYS.		DATE SIG		
1	. 2	2d. PHYSICIAN'S NAME (Type)	D. R.	Purd	ie, M.			22e. ADDRESS					rdal	e, M	d.
N	-6	URIAL, CREMATION, EMOVAL (Specify)	23b. D/	-	8	23c. NAME OF C CARVE		em. PAT	XL	AUCE		NE	(Cour	eo. 1	(Stote) Md.
1	24. N	NERAL DIRECTOR	P	A	M Anam	ADDRESS	Ka	Lin Parte	REC'D BY RE	GISTRAR	968 REC			URE See	de.

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5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I and 2 with the State Depart Health priar ta burial, crematian, ar removal, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Madical Committee of the control of TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

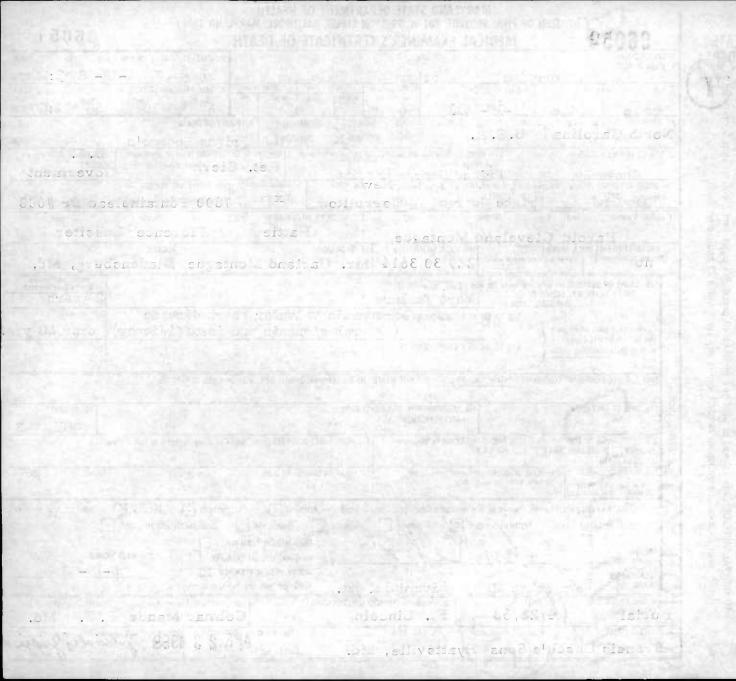
MEDICAL	FXAMINER'S	CERTIFICATE	OF DEATH

00052	DIVISION OF	MEDICA	L EXAMINER'S	CERTIFICA			2.1201		060	5 i
1. DECEASED-NAME (Type or Print)	First		Middle	Last			OF ESTI-			2b. HOUR
and of the Paris	Lorrai		Hester	Hale			EATH MATED		.8-68 193	
3. SEX 4. RA		DATE OF BIRTH	last birthda	y) MONTHS DA		24. 0	ATE PRONOUNCE Month	D DEAD	4 Year 107 C	2d. Hour 2:50pmm
		1-17-1		YRS.		1	-	.8	00 1475	WIII O CITS
7o. BIRTHPLACE (Stote or fo	reign /b. Cl	IZEN OF WHAT		MARRIED NEVER	MARRIED	9. COUNTY	OF DEATH			
North Caro	lina	J. S. A.		WIDOWED 🔀	DIVORCED [Princ	e Georg	ge's		M
10. CITY OR TOWN OF DEAT Cheverl		give str	NE OF HOSPITAL OR INSTITU eet address) Ice George Ho		oital 12a. US dRies	SUAL OCCUPAT	ION (Kind of w	ark dane	12UKINS OF BI INDUSTRY Govern	
130. USUAL RESIDENCE (WI	here deceased live	ed, if instituti	on: Residence before	CIWOR TOWN	13d. INSIDE CITY LI	LIMITS? 13e.	STREET AND NU			
odmission) STATE	Prli	nce Ge	orge Icca	rrollton	YESSE N	- 10			eau Dr	#608
14. FATHER'S NAME	First	Middle	Last	IS. MOTHER'S	MAIDEN NAME	First	M	iddle	Lo	ost
Hard	old Cles	reland	Montague	- Table	Hattie		Floren	ce L	assite	r
16g. WAS DECEASED EVER IN	J.S. ARMED FORCES	? 1	6b. SOCIAL SECURITY NO.	17. INFORMANT			ADDRI	22		
(Yes no ar unknawn)	(If yes give war or de		229 30 3614		rland 1	Monta	nie Bl	adens	burg,	Md.
		l.		1111. 00	. I kaila I	ivioiiva	sac Bi	240115		ITE INTERVAL
			far (a), (b), and (c).)							SET AND DEATH
PART I. DEATH	WAS CAUSED BY:	ISE (a) H	eart failure	9					year	^S
39110	IIII. COIAIC CA	DUE TO OR A	S A CONSEQUENCE OF Rhe	eumatic v	alvular	r heart	diseas	se		10/4/15
Conditions, if any, w				Mitral st					OTTON	40 yrs
rise ta immediate c	guse (g)	(b)		ALUTAL SU	enosis	anu II	ISULT IC.	rency)	Ovel	40 yra
stating the underlyi		DUE TO, OR A	S A CONSEQUENCE OF							
last.	,	(c)								
PART 2. OTHER SIGNIF	ICANT CONDITIONS	CONTRIBUTIN	G TO DEATH BUT NOT RELA	TED TO THE TERMIN	AL DISEASE OR C	CONDITION GIV	EN IN PART 1(a)			
= 410 X							100			
19a. DATE OF OPERAT	ION	1	9b. CONDITION FOR WHICH	OPERATION					20. AUTOP	SY?
DIE			WAS PERFORMED?						YES [NO I
19a. DATE OF OPERAT	WAS TRIBUTING	21b. TIME OF IN HOUR A.M. P.M.	JURY Month, Day, Year	21c. HOW INJURY	OCCURRED (Ent	iter noture of	njury in Part 1	or Part 2, Ite	1 0	
21d. INJURY OCCURRED WHILE NOT WHIL AT WORK AT WORK			home, farm, street, etc.)	21f. LOCATION St.	reet or R.F.D. No.		City or Town	May	Caunty	State
220 Leartin	fy that I tank a	horge of the	remoins described of	nove held on A	utonsy [7]	Inspecti	on X Ir	quiry 🗷	ond in	my opinion
to the second second second		_	s 🖾 / Accident							iny opinion
deoth resulte	d from:	nurovicouse	S K. V. ACCIDENT], Suicide [], Homicide	ie 🔲, U	ndetermined	monner		
ACTUAL SIGNATURE	MA	hu	lehr.	7MD	CHIEF MEDICAL I			22b. DATE S	SIGNED	
EXAMINER'S	ønn Keho	e MD	Riverdal		DEPUTY MEDICAL ADDRESS(Street,				-19-68	
23a. BURIAL CREMATION	1/23b. DATE) TII)	23c. NAME OF CEME				TION (City or To	wn)	(Caunty)	(ctate)
B de May (Specify)	4/22	/68	Ft. Line				nar Ma			(State) Md.
24. FUNERAL DIRECTOR	1	T. Propagal	ADDRESS	120 773	25a. REC'D	BX PEGISTRA	R 0 25b B	EGISTRAR'S	GNATURE.	Λ
Francia C	aechle 9	Song 1	Justiavilla	MA	DATE	AFK	3 1968	1 10	Carles	Judge

DATE

Francis Gasch's Sons Hyattsville, Md.

VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08053

CERTIFICATE OF DEATH

06058

	ECEASED-NAME Type or print)	Beu	Inh	Middle	Las	NCE	2a. DATE OF	DEATH Month	oy Year	2b. HOUR
3. SE	7em		4. RACE	casion	S. DATE	OF BIRTH 0 - 23 -	91	6. AGE (In years last birthday) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
COUR	BIRTHPLACE (Stor	rolina	7b. CITIZEN OF WH	w	MARRIED NEVE	DIVORCED	9. COUNTY OF	ce Ge	orge	Md
130	LISTIAL RESIDENCE	C DE V	ery 942	ME OF HOSPITAL OR INSTITUTED AND ADDRESS OF THE PROPERTY OF TH	1	during m	eacher	(Kind of work done life even if retired.) (R)		3USINESS OR 1
adm	issian) STATE	Markie	13b. COUNTY		Lanha		10 621	9 Bright	lea Dr	last
14 0	WAS DESTACED	David EVER IN U.S. ARA	F.	Holton 16b. SOCIAL SECURITY NO.	17. INFORMA	Pa	ulina		Staplef	ord
10d. Y	es, No or unknow	vn) (If yes give w	ear or dates of service)	242-34-1307		ices B. H	lance	New Ber		
	18. CAUSE OF PART I. DI	EATH WAS CAUSE	ly one cause per lin O BY: NTE CAUSE (o)	e far (a), (b), and (c).) (ARCINI	OMATO	515			BETWEEN ON	MATE INTERVAL NSET AND DEATH
	rise to immed	iny, which gove iate couse (o), derlying couse	DUE TO, OR A	S A CONSEQUENCE OF	m A 67	= Bre	457		5yr	.5
~	PART 2. OTHER	SIGNIFICANT COM	IDITIONS CONTRIBUT	ING TO DEATH BUT NOT RI	ELATED TO THE TE	RMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
CERTIFICATION	19a. DATE OF OF	PERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PERFOR		AUTOPSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
MEDICAL CER	OR CONTRIBUTION	WAS UNDERLYIN IG □ CAUSE OF DEAT y medical examin	HOUR A.M.	INJURY Month Day Year 19	21c. HOW INJUI	RY OCCURRED (Ente	er nature of injur	y in Part 1 ar Part 2,	, Item 18.)	
	21d. INJURY O While Nat at wark at	CCURRED 21e. while awark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC.	21f. LOCATION	Street or R.F.D. No	o. City	ar Town	County	State
	saw th	e deceased a	live on4	nded the deceosed f 196 did not) yiew the body	X cond that i	n (my) (our) op		ccurred an the d	9 <u>68</u> , that late and hour o	(I) (we) las
	22b. SIGNATURE	yomen	Dinoll	binia	DEGREE PH	YS.	MED. DIRECTOR	STAFF PHYS. 22c	DATE SIGNED	8
	22d. PHYSICIAN NAME (Typ		n Comeau	, M.D.	226	3503 Per	ry St.	Mt. Raini	er Md.	20822
23a.	BURIAL, CREMATE REMOVAL (Special Control of	fy) ' 5	DATE - 1- 68	23c. NAME OF CEME Bridget		DRY	23d. LOCATIO	N (City or Town) W BEEN	(County)	(State)
24.	CUUNIA CUUNIA	uac	TERRAL HE	ADDRESS ALEXA	auxia V		NAY 6	1968 REGIST		udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours,

Poge 4 may be retained by the hospitol or attending physician.

But I LE LI LINE HILLEN AND A LINE HE WAS A STATE OF THE Teneral In the Care of the Car Margard Pares of the September 1975 September 1975 Tenners of Heavens of Heavens of March 1862 Horn, E.C. butman Lordan, M.D. . 3503 Perry No. at. mainier , Va. 12082C

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

R P P P P				CEKIIFIC	AIE UF	DEATH				V	n n c	,
1. DECEASED-NAME	First		Middle		Last		20. DATE OF				2b.	HOUR
(Type or print)	Hari	-y	L.		Hart		7.5	Month Po	3	Year	6	30 AN
3. SEX		4. RACE	51- 71-5		S. DATE OF BII			6. AGE (In years last birthday)	IF UNDER	OAYS	IF UNDER	R 24 HRS.
Male		Whi	te		6/28	/98		YRS.	MONINS	UATS	HOUKS	min.
7o. BIRTHPLACE (Stote country) Pa.	or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED WIDOWED	NEVER MAR	RIED (9. COUNTY OF	Prince (Georg	ze's		Md
10. CITY OR TOWN OF	DEATH	11.1	IAME OF HOSPITAL OR INS			12a. USUAI		(Kind of work done	-	KIND OF		
Riverda	ale	give	street oddress) Leland Mem	orial	Hosp.	during mo	st of working l	ife, even if retired.)	INDU	JSTRY ardw	are	
130. USUAL RESIDENCE		d lived, if institu	tian: Residence befare	13c. CITY OR	TOWN	13d. INSIDE CITY LIM	AITS? 13e. STR	EET AND NUMBER				
admission) STATE	Md.	13b. COUNTY	Prince G.	Univ.	Park	YES NO	4:	207 Sheric	dan S	Stre	et	
14. FATHER'S NAME	First	Middle	lost Har		. MOTHER'S MA		ora	Middle G.	Æ,	St	Lost OCk	
16a. WAS DECEASED E	VER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY I	NO. 17. I	NFORMANT			Address			-	
Yes, na, ar unknow	1) (If yes give wo	or or dates of service)	212 014 12	22	Spouse	Elsie	V Hart	As al	ove			
18. CAUSE OF D	EATH (Enter onl	v one couse per	ine for (a), (b), and (c).)	·+		1			APPROXII	MATE INTER	
	TH WAS CAUSED		Coron	AM	Mos	come	meny			20	4	OCAIN!
410	9 IMMEDIA		AS A CONSEQUENCE OF									
Conditions, if an		(b)		/								
rise to immedia		DUE TO, OR	AS A CONSEQUENCE OF			100	No.	1725				
last.	errying coose	(c)						1000				
PART 2. OTHER !	SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE ORCO	ONDITION GIVEN	IN PART 1(o)				
= 4201												
19a. DATE OF OPE	RATION 19b. 0	ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?		YES, WERE FINDINGS	CONSIDERI	ED IN C	ERTIFYIN	G
SIIFIC					YES 🗌	NO 🗌	CAUSES	OF DEATH?				
		TIO. 1010 .			OW INJURY OCC	URRED (Enter	noture of injur	in Part 1 or Part 2,	Item 18.))		
OR CONTRIBUTING	medical examin	er) P.M.	19	9				100				
21d. INJURY OCC	URRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC	TORY,) 21f. LC	CATION Stree	t ar R.F.D. Na.	City	or Tawn	Count	у	_	State
UI WUIK OI W	UIK I						Day	ag.				-
22a. I certify	that (I) (thi	s haspital) at	tended the decease	ed fram	1-10	, 194			48	, that	(I) (M	ve) las
saw the	deceased al	(I) (we) (did	(did nat) view the	hady after	d that in (m death	y) (aur) apır	nian death a	ccerred an the d	ate and	haur	and tro	am the
22b. SIGNATURE	italea abave	, (1) (110) (414)	4	1-	Journ.	/		22c.	DATE SIG	ENED	-	
Star	nour	1 100	ear M.	A DEGR	EE PHYS.	IG ME	ED. RECTOR	STAFF PHYS. \	1.11	3	41	1
22d. PHYSICIAN'S			h	10.10	22e. ADD		1 11	es 11	17	1 4	7/2	1.
NAME (Type	Leo	nard Ha	ys//		522	opal	2,691	person	nu	. /	111	
23a. BURIAL, CREMATI			23c. NAME OF					N (City or Town)	(Caun		(State	
Burial Specific		il 16, 1			emetery			anan Bote			Va	512
24 FLINERAL DIRECTO	R		ADDRESS			250 REC'D RY	REGISTRAR	25b REGISTRAR	SIGNATI	IRF		

Hyattsville, Md.

Acharles Judge

APR 1 6 1968

DATE

F. Gasch's Sons

hours after death. O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death pappa **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely, director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon should be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, when Page 4 may be retained by the haspital or attending physician.

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VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36060 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR _ PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. deoth physicion and completely filled in by the funeral (Type or print) Manth 12, Day 1968 Year Omer J. April Hearn 2:10 M 3. SFX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNGER 1 YEAR last hirthday) Caucasian 5/5/05 Male 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XXIEVER MARRIED country) Prince Georges USA WIDOWED [DIVORCED T Georgia crematian, or removal, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince Geo.Gen'l Hospital during mast of working life, even if retired.) INDUSTRY the ottending physician are server carbon and aremit. Then please remove carbon with Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE
Maryland Prince YES NO T 4609 Edmonston Rd. Hvattsville Georges 14. FATHER'S NAME Last First Middle 1S. MOTHER'S MAIDEN NAME First Middle Last Arthur Hearn Annie Hudgins 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) (If yes give wor or dates of service) Sybil E Hearn Hvattsville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

Rf1.sters1 BETWEEN ONSET AND DEATH Bilateral Bronchopneumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of right upper lobe with mestasis to Canditians, if any, which gave) burial-tronsit rise ta immediate cause (a), cerebellum signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior to b Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IXIX director, page 3 should be detached for use should be filed with the State Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (4) (this haspital) attended the deceased from March 6, , 19 68, ta April 12, 19 68, that (4) (we) last saw the deceased olive on April 12, 19 68, and that in (764) (aur) apinion deoth accurred on the date and haur and from the causes stated abave, (*) (we) (did) (dichast view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED.
DIRECTOR STAFF XX DEGREE 4/13/68 22e. ADDRESS George William Ware, M.D. NAME (Type) Prince Georges General Hospital, Cheverly, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) Martiand REMOVAL (Specify) Colmar Manor Pro Geo Md April 15, 1968 Ft Lincoln Cemetery 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) 1968 F. Gasch's Sons Hyattsville, Md. 16 30M REV. 1/68

den actività del marche del march Olice wast it light named ... Is and 1919 Cancalan 619705 รองเอเสียวอันไทร์ Tatingot time too scaled virevant Environ Prince Secreta Basicani of mer mounted thee; JAK , OF THE TANK THE PARTY OF multiposato de la companya della companya della companya de la companya della com Hardt C. April 12. da Hardt C. L BE April 12. das Tosi AND A SECOND OF THE PARTY OF TH Prince Course Hillian Hard String Courses General Hospitals Chewartly

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MARYLAND STATE DEPARTMENT OF HEALTH

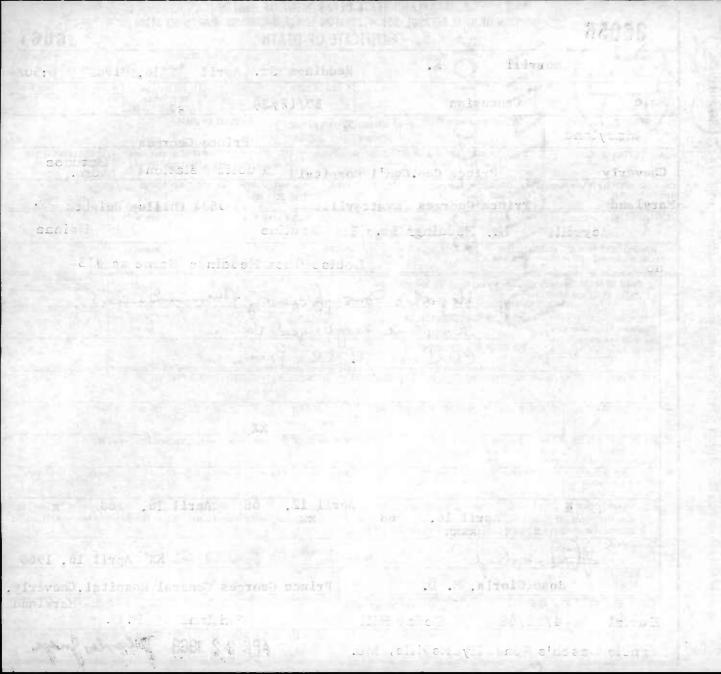
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

RABAR		CERT	FICATE OF DEATH	1		U	6661
1. DECEASED-NAME (Type or print)	Merrill	Middle K •	Heddings J		Month 16, Day 1		2b. HOUR 6:50A
3. SEX Male	4. RACE Caucas	ian	S. DATE OF BIRTH 10/17//2	19 6. A		1F UNOER 1 YEAR MONTHS DAYS	IF UNOER 24 HRS. HOURS MIN.
70. BIRTHPLACE (State or for country) Marylar	nd US	A WIDO	RIED 🕅 NEVER MARRIED 🗌 WED 🔲 DIVORCED 🗍	9. COUNTY OF DEA			M
10. CITY OR TOWN OF DEATH Cheverly	11. NAI	ME OF HOSPITAL OR INSTITUTION reet oddress) nce Geo.Gen*]	N (If nat in hospital 12a. U	SUAL OCCUPATION (Kind	d af work done	Nousiedo Adm.	BUSINESS OR
13a. USUAL RESIDENCE (Whe odmission) STATE Maryl and	re deceased lived, if institution 1.3b. COUNTY	Georges Hyat	TY OR TOWN 13d. INSIDE CI	TY LIMITS? 13e. STREET 5604	AND NUMBER Chillum I		Dr.
14. FATHER'S NAME Firs		lost Heddings Sr.	S Sr Pauline		Middle	Hai	lost ina
16a. WAS DECEASED EVER IN Yes, na, or unknawn)		16b. SOCIAL SECURITY NO.	Louise Rhea	Heddings	Address Same as		MATE INTERVAL
F 210	g cause DUE TO, OR AS (c) CANT CONDITIONS CONTRIBUT	A CONSEQUENCE OF CERTIFICATION OF TO DEATH BUT NOT RELATED TO THE OPERATION WAS PERFORMED	of Les Price Terminal disease of	20b. IF YES,	WERE FINDINGS COI	NSIDERED IN CE	RTIFYING
190. DATE OF OPERATION 210. ACCIDENT WAS U TO CONTRIBUTING CA	USE OF DEATH HOUR A.M.	INJURY 2 Month Day Yeor	YES NO	CAUSES OF I		em 18.)	
OR CONTRIBUTING CA	21e. PLACE OF INJURY /	AT HOME, FARM, STREET, FACTORY,) 2	RIF. LOCATION Street or R.F.D.	No. City or To	JWN	County	State
22a. I certify that	t #) (this haspital) atte	<u>11 16. 1968</u>	n <u>April 12,</u> , 19 , and that in (coy) (aur) (fter death.	9 <u>68</u> , ta <u>Apri</u> apinion death occu	1 16 , 19_ rred an the date	68 , that e and haur c	(bk (we) las and from th
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Jose Giorla	, M. D.	DEGREE PHYS. 22e. ADDRESS Prince G	MED. STA	YS. KX Ap	ate signed oril 16	10000
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4/18/68	23c. NAME OF CEMETER Cedar Hi	11	23d. LOCATION (C	P. C	7.	a KW Jand
24. FUNERAL DIRECTOR Francis Ga	sch's Sons I	ADDRESS Hyattsville, M	vid. 2Sa. REC	APR 2 2 196	25b. REGISTRAR'S S	SIGNATURE &	udge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pushauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 half Page 4 may be retained by the haspital ar attending physician.

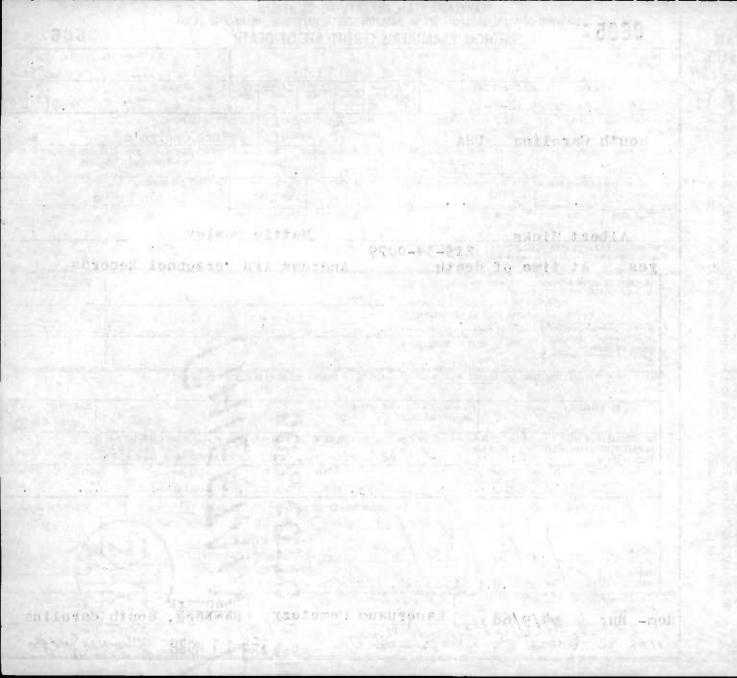
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VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

VR A15ME (5) 10M REV, 1/68



Riverdale, Md.

23c. NAME OF CEMETERY OR CREMATORY

Bridgenert Cemetery

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ADDRESS(Street, city, tawn, ar caunty)

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER

06863 2b. HOUR 196: 15pm M 2d. HOUR 68 19 6:35pmM 12b. KIND OF BUSINESS OR Hammer APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES T NO [County Stote and in my apinian Undetermined manner

22b. DATE SIGNED

25b. REGISTRAR'S SIGNATURE

4-22-68

(State)

(County)

VR A15ME (5) 10M REV. 1/68

5 moy FUNE Heolth

ACTUAL

SIGNATURE.

EXAMINER'S

NAME (Type)

23g. BURIAL CREMATIO

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Paster, w. Hissisia J. S. F.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06053 CERTIFICATE OF DEATH 36864 2a. DATE OF DEATH 2b. HOUR_ 1. DECEASED-NAME Middle Last PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. by the funeral Pages 1 and nours ofter death Month. (Type or print) Hi11 Robert B. Apri : 45 M 6. AGE (In years IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR 3. SEX last birthday) MONTHS DAYS HOURS 10/07/04 White Male hours 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) and completely filled in remove corbon papers. DIVORCED [U.S.A. WIDOWED Prince Georges Md. 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR signed by the ottending physicion and completely filler burial-transit permit. Then please remove corbon pat buriol, cremation, or removol, and in ony event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.) Engineering foreman INDUSTRY give street oddress) Riverdale, Maryland D.C. Sanatati Eugene Leland Mem. Hosp. 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 5501 Randolph Street Georges Marv 14. FATHER'S NAME Middle Middle MAIDEN NAME First OBER 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT RETAB, HIL Yes, na, ar unknown) (If yes give wer or dates of service) 213-12-640 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CARDIAL INFARCTION PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIABETES prior to MELLITUS the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19o. DATE OF OPERATION SD CAUSES OF DEATH? YES W be detached for use Stote Dept. of Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. County State 21d. INJURY OCCURRED City or Town While Nat while at work 22a. I certify that (I) (this hospitol) attended the deceosed from 6 APRIL, 1968, ta 12 APRIL, 1968, that (I) (we) last saw the deceosed alive on 12 APRIL 1968, ond that in (my) (our) opinion death occurred on the date and hour and from the director, page 3 should should be filed with the causes stoted abave, (I) (we) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Lawrence W. Malin M.D. 4404 Queensbury Road NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, or, Town) 23a. BURIAL, CREMATION, 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 88866 CERTIFICATE OF DEATH 06865 1. DECEASED-NAME Last 2g. DATE OF DEATH Middle 2b. HOUR (Type or print) Manth 1968 Daisty Hines after attending physician and campletely filled in by Ne fur permit. Then please remave carban papers. Pages T an, ar remaval, and in any event, within 72 haurs after 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR last birthday) MONTHS HOURS 8/29/82 Negroid Female requires that the death certificate be executed within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Goldsboro .NC WIDOWEDXX DIVORCED [Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind af work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Prince Geo. Gen'l Hospital Cheverly 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 1422 9th Street Georges Glenarden Maryland 14. FATHER'S NAME First Last 1S. MOTHER'S MAIDEN NAME First Last Unknown Unknown 16b. SOCIAL SECURITY NO 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) Edw. Hines APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) burial-transit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse burial, PART 3. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? XXXXON far use YES 🗀 of Health 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy (If either, notify medical examiner) directar, page 3 shauld be detached shauld be filed with the State Dept. af (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at wark 22a. I certify that () (this haspital) attended the deceased from April 2. , 1968, to April 8, 1968, that () (we) last sow the deceased alive on April 8. 19 68, and that in from four) opinion death occurred an the date and hour and from the causes stated above, (we) (did) (did not) view the body ofter death. our 22b. SIGNATURE 22c, DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Georges General Hospital, Cheverly Oliver Bond, M. 23a. BURIAL, CREMATION 23d. LOCATION (City or Town) 23b. DATE (County) REMOVAL (Specify) 24. VIUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 1968

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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-					CEKTIFICA	IE OF DEATH				
e/Y		CEASED-NAME	First	Middle		Last	2a. DATE OF	DEATH	V	A 126. HOUR
ZI)	- (1	ype ar print) H Jos	eph	F	Hobbs		April	Manth 21 Day	1968	10:25
9	3. SE	X	4. RACE	ILE SECTION	S.	DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	W1	hite	E	ec. 30, 190	2	last birthday) 65 YRS.	MONTHS OAYS	HOURS MIN.
	7a. l	BIRTHPLACE (State or foreig	n 7b. CITIZEN	OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF	DEATH	. 3.7.7	
	cani	Maryland	Md.	USA	WIDOWED	DIVORCED	Prince	George's	County	Md.
	10. 0	ITY OR TOWN OF DEATH		11. NAME OF HOSPITAL OR	NSTITUTION (If nat	in haspital 12a. USU	AL OCCUPATION	(Kind of work done	12b. KIND OF	BUSINESS OR - T
73	R-	verdale	-	give street address)	and Memo	during m	ast of warking	life, even if retired.)	Provid	The second
	13a.	USUAL RESIDENCE (Where	deceased lived, if in	nstitution: Residence befor	e 13c, CITY OR TO	OWN 13d. INSIDE CITY L	IMITS? 13e. STI	REET AND NUMBER	1220020	201100
6	admi	ssion) STATE Mary	land 13b. COU	NTY Pr. George	s Roger	S Het SES N	0 492	1 56th Pla	ice	
-	14. [ATHER'S NAME First	Mid			NOTHER'S MAIDEN NAME		Middle		Last
1		Joseph	C	Hobbs		Mab	el		Duke	
		WAS DECEASED EVER IN U.		16b. SOCIAL SECURIT	Y NO. 17. INF	DRMANT		Address	14.00	
	Y	es, na, ar unknawn) (If y	es give wor or dates of serv	578-07-74	69 Els	ie Hobbs-49	21 56th	Pl. Roger	s Hots	Md.
		1B. CAUSE OF DEATH (Er	nter anly one cause	per line, far (a), (b), and (, , , , , , , , , , , , , , , , , , , ,			APPROXI	IMATE INTERVAL ONSET AND OBATH
		PART I. DEATH WAS	CAUSED BY:	11 1	e Fa	lune			OLIVICEN C	MOLI AND OLAH
		5719	MMEDIATE CAUSE (a)	OR AS A CONSEQUENCE (- / -				
		Canditians, if any, which	gave)	Cirthe		of Live	· ba		11/	Dave
		rise ta immediate caus		OR AS A CONSEQUENCE			•			1
		stating the underlying o	do)						
		PART 2. OTHER SIGNIFICA	NT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)		
	-	5810	1							
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING
2	TIFIC	100				YES NO	CAUSES	OF DEATH?		
		21a. ACCIDENT WAS UND	ERLYING 21b. TI	ME OF INJURY		INJURY OCCURRED (Ente		y in Part 1 or Part 2, I	tem 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE	OF OFATH HOUR	A.M. Manth Day Ye P.M.	or 19					
	MEC	21d. INJURY OCCURRED	21e. PLACE OF IN.	URY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		TION Street at R.F.D. No	i. City	ar Tawn	Caunty	State
	П	While Nat while at wark				- 1		,		
	L	22a. I certify that (saw the decease causes stated of	I) (this haspital	attended they deced	sed fram 7A	pri , 196	Y , to-21	April, 19	G8, that	(1) (we) last
		saw the deceas	sed alive on	April	1967, ond	hat in (my) (aur) op	inion deoth o	occurred on the do	te ond hour	ond from the
		causes stated (above, (I) (we)	(did) (did not) view th	e body after de	oth.				
		22b SCHATURE	n. 11	20	AA N DECORE	ATTENDING PHYS.	MED.	STAFF PHYS. 44	DATE SIGNED - 21-6	7
	(22d. PHYSICIAN'S	n. pu	ceus,	M. D DEGREE		DIRECTOR L	PHYS.	- 41- 6	8
	Ĭ	NAME (Type)	Thomas	M. Hitchin	ns	7315 Lai	ndover	Rd Kent	Villa	ge, Md
	230	BURIAL CREMATION.	23b. DATE	23c NAME (F CEMETERY OR CR	FMATORY	23d LOCATIO	N (City or Town)	(Caunty)	(State)
1		REMOVAL (Specify)	4-23-1		dar Hil		Suitl	and Pr Ge	eorge	Md (State)
0		EUNERAL DIRECTOR _ 0			55/3/-1/		A REGISTIZE 3	1968EGISTRAPE	MGNATURE	/1
4	1	E. VOK	110 71	all 1	1 20	~~	11 11 4 9	1000 %	Marker	Judge

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET

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ATE	OF.	DEA	TH	J	b	1)	6	d

00000		CERTIFICA	TE OF DEATH			00	1) 0 (
DECEASED-NAME First (Type or print)	Middle		Last	20. DATE OF D	ATH Manth Day	. Yerr	2b. HOUR
Theodora	Hanft	Hoo	ver	April	29	1968	8 50 N
3. SEX	4. RACE		. DATE OF BIRTH	6	. AGE (In years		IF UNOER 24 HRS.
Female	White		01/13/87		last birthday) 81 YRS.	MONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF D	EATH		
Tllinois	U.B.	WIDOWED		Prin	ce Georg	re	Md
10. CITY OR TOWN OF DEATH Lanham Md 13a. USUAL RESIDENCE (Where deceased	II. NAME OF HOSPITAL OR INgive street address) Magnolia lived, if institution: Residence befare	Garden 13c. city or t	during m H	ost of working lift ousewife LIMITS? 13e. STREI	T AND NUMBER	INDUSTRY	
odmission) STATEMaryland	13b. COUNTY ince Georg	es Mite	chelville N	∘□ 1200	4 Lisbor	ough Ro	ad
14. FATHER'S NAME First	Middle Lost	1S.	MOTHER'S MAIDEN NAME	First	Middle		Lost
Theordore Hanf	t		Louisa Schl	eiffer			
160. WAS DECEASED EVER IN U.S. ARMED	D FORCES? 16b. SOCIAL SECURITY	NO. 17. INF	ORMANT	Shel	ter Adame	, Bowie	, Md.
Yes, no, or unknown) (If yes give wor	or doies of service)	Ilrs	. Margaret	Fennell,	Daughte		
	ane cause per line for (a), (b), and (c).	.)					ATE INTERVAL SET AND OEATH
PART I. DEATH WAS CAUSED I	BY: CAUSE (a) Softenin	n 01 1	Brown			14	1
433 9	DUE TO, OR AS A CONSEQUENCE OF	1 1/					
Canditions, if ony, which gove	(b) Astunel		4			164	han
rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	744.00	*			1	
stoting the underlying couse	(-)					100	
	ITIONS CONTRIBUTING TO DEATH BUT N	OT PELATED TO	THE TERMINIAL DISEASE OF	CONDITION GIVEN I	N PAPT 1(a)		
スマコン	HORS CONTRIBOTING TO DEATH BOT N	OI KELAILD IO	THE TERMINAL DISEASE OR	CONDITION ON LIN I	N TAKE I(U)		
19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO [X	CALISES	ES, WERE FINDINGS (F DEATH?	ONSIDERED IN CER	RTIFYING
		21c. HOV	INJURY OCCURRED (Ente	er nature af injury	in Part 1 ar Part 2,	Item 18.)	
OR CONTRIBUTING CAUSE OF OFATH (If either, notify medical exomine)	HOUR A.M. Month Day Yeor	0					
	LACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCA	ATION Street or R.F.D. No	city or	Tawn	County	State
While Nat while at wark	OFFICE BUILDING, ETC.	/			,		
22a Leartify that (1) (this	haspital) attended the deceas	ed from	19.5	22-to 11	24 19	60°, that	(I) (we) las
saw the deceased aliv	/e an	96 (, and	that in (my) (our) ap	inian death ac	urred an the da	te and haur a	nd from the
	(I) (we) (did) (did net) view the	bady after de	eath.		Lan		
22b. SIGNATURE	4 % snow In 2	Q DEGREE	ATTENDING PHYS.		STAFF 22c.	DATE SIGNED	8-
22d. PHYSICIAN'S ROBE	RT S. McCENEY, M. D.		22e. ADDRESS				
NAME (Type)	402 MAIN ST.		402 Main	St. Lav	rel. Mar	yland	
23a. BURIAL, CREMATION, 23b. DA	TE 23c. NAME OF	CEMETERY OR CI		23d. LOCATION		(County)	(State)
BWY (alify) May	2, 1968 Fort I	incoln	Cemetery	Washir	aton D	C.	
24. FUNERAL DIRECTOR Joseph		Inc.	2Sa. REC'D	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	0
5180 Wisc. Ave. 1	,		6 DATE	MAY 2	1968	liarles	Jacob Co.

20016

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages stored with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, within 72 haurs and

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VR A15 (4) 30M REV. 1/68

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HEALTH DEPT.			CEASED-NAME	First		Midd		Last			2a. DATE K		Manth	Day Ye	ar 2b. HOUR
ay is 3 to Page	<1	{1	ype ar Print)	Dougl	a.s	XXXX	P.	Норр			OF DEATH N	ESTI- NATED 🔀	4-15	-68 1	9 10:10 IN
any delay and 3 ages 1, 2, and 3 ith form PM3. Pages State Department	. 1	3. SE	X 4. I	RACE	S. DATE OF BII	RTH	6. AGE (In you			24 HRS MIN.	2c. DATE PR			Vaca	2d. HOUR
pw3. Pw3.)		hite	3-19-19		62	YRS.			Month	12	2	68 19	10:30pm
n P, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,			IRTHPLACE (Stote or		7b. CITIZEN OF WI		8.	MARRIED NEVER			NTY OF DEAT				
form form			YORK		U.S.				DIVORCED		nce Ge			OF KIND O	F BUSINESS OR
24 haurs after death in Item 18. Give Pages 1, is Office along with form is 1 and 2 with the State Ders after death.	74		TY OR TOWN OF DE Cheverl	y	give	street oddress)	rge H	TION (If not in hosp ospital	during	most of AGE		, even if re	tired.)	NDUSTRY LNSUF	RANCE
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haurs after de Item 18. Give F Office along w Iand 2 with the after death.	0	14. F	ATHER'S NAME	First	Middle		Last	IS. MOTHER'S	MAIDEN NAME	First		Middl	le		Last
ncil in miner's pages haurs		16a 1	VAS DECEASED EVER I	PERCY	ORCES?	HC	PP	17 INFORMANT		ILL		ADDRESS		7	,
I within 24 n pencil in Examiner's File pages			es, no, or unknown)		war or dates of service)	TOD. SOCIAL SEC	OKIII NO.	RIVERS			RIAL AWAY	CHAP	EL,]	L250	CENTRA
			18. CAUSE OF DEA	ATH (Enter on	ly one couse per l	ine for (a) (b)	ond (c).)	IAVE	FAR B	ULA	AWAY,	IV.P.W	_YUF	APPRO	XIMATE INTERVAL ONSET AND DEATH
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be executed "pending" in itef Medical E. insit permit. Fevent within			412	9	DUE TO, OR	AS A CONSEQUI	ENCE OF AT	terioscle	erotic	hear	t dise	ease		unkn	own
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O DEPUTY DICAL EN necessary, please exect the funeral director. Po 5 may be retained for O FUNERAL DIRECTOR: Health prior to burial.	7		EXAMINER'S NAME (Type) , T	ohn Ke	hoe MD	Rivero	lale.	Md.	ADDRESS(Stree			1)	-	20.00	
the Head		23a	BURIAL, CREMATION	1, 23b.	DATE			TERY OR CREMATOR	Y	23d.	LOCATION (C	ity or Town	1)	(County)	(State)
			REMOVAL (Specify)	1 / 4	1-16-68	NE	W YO	RK		N.	EW YC	RK		185	
		340	FUNERAL DIRECTOR	ISON 8	BROS.	INC.	ADDRESS			D BY REC		2Sb. REGI	-		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

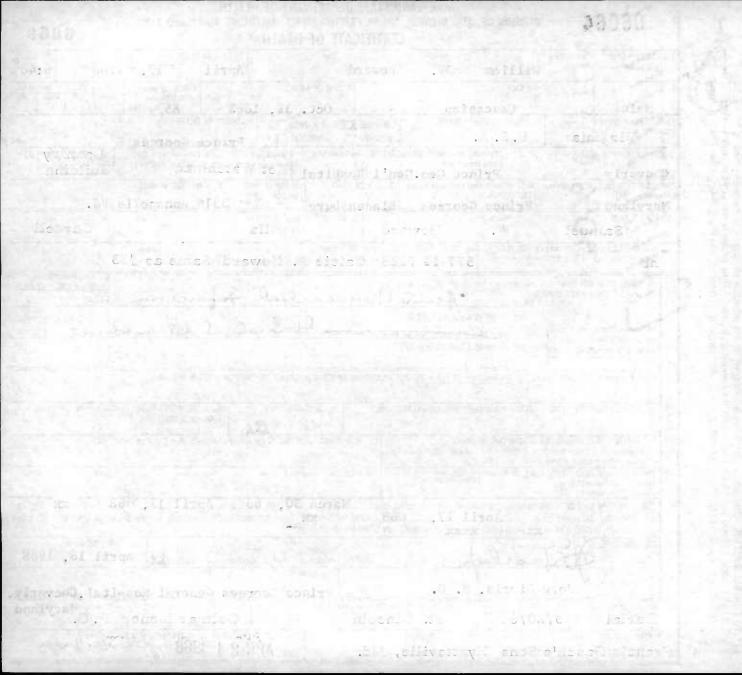
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages shauld be filed with the State Dept. at Health prior ta burial, crematian, ar remaval, and in any event, within 72 haure at

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

39980

TAK.			eceased-NAME ype or print)	First William	Middle W.	Howa	lost	20. DATE Apri	OF OEATH 1 Month 17 Do	171968 ^{yeor}	2b. HOUR P 6:40 M
S. S		3. SE		4. RACE			S. DATE OF BIRTH	1000	6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HDURS MIN.
ers. Pa			Male BIRTHPLACE (State or foreign Virginia	n Zb. CITIZEN OF WH U.S. A	AT COUNTRY?	8. MARRIE	Oct. 31 OKKNEVER MARRIED DIVORCED	9. COUNTY			Md.
ban pap within	74	C	TITY OR TOWN OF DEATH	give s	AME OF HOSPITAL OR street address)	Gen'l	Hospital R	. USUAL OCCUPATI	ON (Kind of work done	125 MANDOON ANDUSTRY Build	ing
love car	16	odmi M	USUAL RESIDENCE (Where dission) STATE arvland	13b. COUNTY Prince	Georges	Blad	ensburg YES	0 № 53	STREET AND NUMBER 16 Annapoli	s Rd.	
ease remo	1		Samuel		How How	ard	15. MOTHER'S MAIDEN N	Ella	Middle	Cu	rrell
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shauld be detached far use as the buri	2	CERTIFICATION	PART 2. OTHER SIGNIFICAN 4201 19a. DATE OF OPERATION	19b. CONDITION FOR WH			20o. AUTOPSY?	20b	VEN IN PART 1(0) . IF YES, WERE FINDINGS ISES OF DEATH?	CONSIDERED IN C	ERTIFYING
d far u af Heal		MEDICAL CER	210. ACCIDENT WAS UNDI □ DR CONTRIBUTING □ CAUSE (If either, natify medical of	DF DEATH HOUR A.M. examiner) P.M.	Manth Day Ye	or 19			njury in Port 1 ar Part 2,	Item 18.)	
detach te Dept.		M	21d. INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY			LOCATION Street or R.F		lity or Town	County	State
shauld be with the Sta			22o. I certify that \$\frac{1}{2}\$ sow the decease couses stated a	d) (this hospitol) ofte sed olive on <u>Apr</u> bbove (l) ((we) (did)	il 17.	_1968 0	nd that in tensy) (our	r) opinion deot	h occurred on the d	ote and hour	平(本 (we) lost ond from the
. >			22b. SIGNATURE	Grarle	1.	DE	GREE PHYS.	MED. DIRECTOR		pril 18	, 1968
director, page 3 s shauld be filed wi	-			ose Giorla,		0		Ceorges	General Hos		
direc	R		BURIAL, CREMATION,	3/20/68	Ft.	Lincol		Col	TION (City or Town) mar Mano:	r P.G.	aryrand
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

368" 11 06065 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2g. DATE OF DEATH Month 3, (Type or print) Day 19680 :38 Chester A. Howe 11 April 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS last birthday) MONTHS Male Caucasian Oct 9, 1918 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED USA West Va WIDOWED DE DIVORCED | Prince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR DOA-Prince Geo. Gen 1 Hospital during most of working life, even if retired.) Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 4802 Hollywood Road College Park IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost Lost Carl Payne Howell Marguerite Gates 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) Marguerite G Howell Hollywood Florida 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute myocardial failure IMMEDIATE CAUSE (a) . Instant DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Arteriosclerotic coronary heart disease 10 years + rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO X YES 📑 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at work 22a. I certify that (1) (this thospital) attended the deceased from (my) (sax) april 3, 1968, that (1) (W6) last saw the deceased alive on 4.6.26 1968, and that in (my) (sax) apinian death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did) view the body after death. 22c. DATE SIGNED STAFF PHYS. DIRECTOR April 4, 1968 DEGREE 22e. ADDRESS NAME (Type) 4713 Berwyn Rd., College Park, Maryland Wolcott L. Etienne, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, (County) (State)

Ft. Lincoln Cemetery

ADDRESS

8, 1968

F. Gasch's Sons, Hyattsville, Md.

Colmar Manor Pro Geo

25a. REC'D BY REGISTRAR QCR 25b. REGISTRAR'S SIGNATUR

Md.

directar, page 3 shauld be filed v VR A15 (4) 30M REV. 1/68

REMOVAL (Specify)

Burial

24. FLINERAL DIRECTOR

attending physician and campletely filled in by the fur sermit. Then please remave carban papers. Pages 1 an, ar remaval, and in any event, within 72 haurs after

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signed by the burial-transit p

certificate

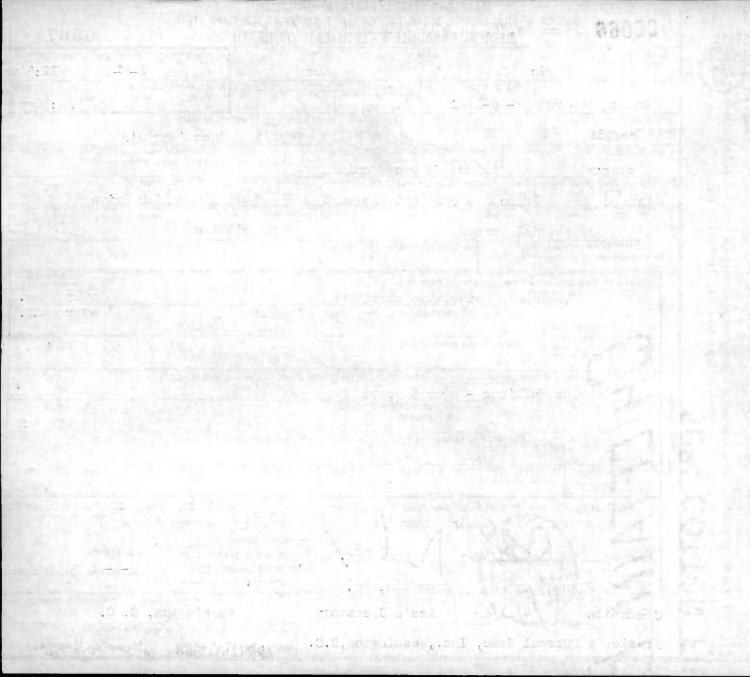
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1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301-W- PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06071
EALTH DEPT		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI- DEATH MATED 4-6-6	Doy Yeor 2b. HOUR 19 12:30pm
Mond 3 to	3. 5	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD In years If UNDER 24 HRS 2c. DATE PRONOUNCED DEAD In years If UNDER 24 HRS 2c. DATE PRONOUNCED DEAD In years If UNDER 24 HRS IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD In years If UNDER 24 HRS If UNDER 2	2d. HOUR 68ear 1912: 30pm M
Separate of the separate of th		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH VIDOWED DIVORCED Prince George's	Mo
Item 18. Give Pages 47. 75. Office along with farm ph. land 2 with the State Depart after death.	10. (Cheverly give street oddress) during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
S. Girls Silong with with		b. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission STATE Prince George Seat Pleasant YES NO 64 Damlier Dri	ive
	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Nathaniel Gordon Ruth William	Lost
pencil in xaminer's ile pages 72 haurs		D. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
- 111		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Metastatic carcinoma.	approximate interval Between onset and death over 8 mo.
snould be executed to ward "pending" in a the Chief Medical E. vurial-transit permit. F in any event within		Onditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of colon	over 8 mo.
		rise to immediate couse (o), stoting the underlying couse last. 16-3-8	
s a b		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Diabetes mellitus — over 5 years	
te, writin farward farward e used a remaval,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
ifica I be Ild b	MEDICAL CER	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item P.M. 19	m 18.)
EXAMINEK: ute the certinge 4 shaulo yaur files. Page 3 shau , crematian,	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
. 7 0, 4		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural gauges , Agaident , Suicide , Hamicide , Undetermined manner	
ressary, please exect e funeral director. Po may be retained for FUNERAL DIRECTOR:		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE S 22b. DATE S	
necessary, the funera 5 may be CO FUNERAL Health pr		EXAMINER'S NAME (Type) John Kehoe MD Riverdale, Md. ADDRESS(Street, city, town, or county)	
To 1		Cremation /4/11/68 Lee's Crematory Washington, D. C	
VR A15ME (5) 10M REV. 1/68	24.	Frazier's Funeral Home, Inc., Washington, D.C. DATE APR 15 1968	elas Judge



FEMALE WHITE TH. 10 903		UCL	163			C	ERTIF	CATE OF	DEATH					U	001	160
SEX 4. RACE 5. DATE OF BIRTH JAN. 10 903 6. AGE (in years lost pinthogy) VRS. 9. COUNTY OF DEATH PRINCE 13. COUNTY OF DEATH DIVORCED NOWN OF DEATH PRINCE GEOGRAPH 13. LAMAR OF HOSPITAL OR INSTITUTION (It not in hospital give street address) 13. CUTY OR TOWN OF DEATH 13. LAMAR OF HOSPITAL OR INSTITUTION (It not in hospital give street address) 13. CUTY OR TOWN 13. COUNTY OF DEATH 13. LAMAR OF HOSPITAL OR INSTITUTION (It not in hospital give street address) 13. CUTY OR TOWN 13. LOUNT RESUDENCE (Where deceased lived, if institution: Residence before 12. CUTY OR TOWN 13. LAMAR OF HOSPITAL OR INSTITUTION (It not in hospital give street address) 13. CUTY OR TOWN 13. LOUNT OF DEATH INSTITUTION (It not in hospital during most of working) life, even if retired.) 13. CUTY OR TOWN 13. LOUNT OF DEATH INSTITUTION (It not in hospital during most of working) life, even if retired.) 13. LOUNT OF DEATH INSTITUTION (It not in hospital during most of working) life, even if retired.) 13. LOUNT OF DEATH INSTITUTION (It not in hospital during most of working) life, even if retired.) 13. LOUNT OF DEATH INSTITUTION (It not move loung in the decision) 13. LOUNT OF DEATH INSTITUTION (It not in hospital during most of working) life, even if retired.) 13. LOUNT OF DEATH INSTITUTION (It not in hospital during most of working) life, even if retired.) 13. LOUNT OF DEATH INSTITUTION (It not in hospital) Institution (It not work look look look look look look look l				First		Middle		Lost		2o. DATE					2b. F	IOUR
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18. CAUSE OF DEATH (Enter anly ane couse per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if only, which gove rise to immediate cause (a). Stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 3. ACCIDENT WAS UNDERLYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONTRIBUTING 21b. TIME OF INJURY P.M. 109 21c. HOW INJURY OCCURRED 100 10	JIII		YLA.	ND	mon	+ 60m Exy	SHVE		7		97/3	3 DI	1257	ON	RA)
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18. CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) COnditions, if only, which gove rise to immediate cause (a), stating the underlying cause (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO,					ntes of service)				SISTE	per) .		Address	SILVE	RS	PRINC	- 1
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION CON		NO	,		5	18-05-7	192	YERA	mc	ELVE	EN	4713	3 0	1/25	TON	R
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Conditions, if only, which gove is to immediate cause (a). Stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 172 X 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town 30 Causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22d. PHYSICIAN'S NAME (Type) G. CORGED P. T. J. L. U.N.D.E. L. M.D. 22e. ADDRESS 9 DIRECTOR 19HYS. 10 23d. BURIAL, CREMATION, 23b. DATE 22c. NAME OF CEMETERY OR CREMATORY 12d. LOCATION (City or Town)		PARI I. L				Mesp	era	long	tac	lus	6			36	USE	K
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19a. Date of operation 19b. condition for which operation was performed 20a. Autopsy? 20b. If yes, were findings collected 21b. Time of Injury 21c. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Enter nature of injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury in Part 1 or Part 2, Inc. How Injury occurred (Injury in Part 1 or Part 2, Inc. How Injury in Part 1 or Part 2, Inc. How Injury in Part 1 or Part 2, Inc. How Injury in Part 1 or Part 2, Inc. How Injury in Part 1 or Part 2, Inc. How Injury in Part 1 or P	1		, , , ,		(c) HC	Unocur	enil	ma,	uleru	2/24	dome	enlu	en)	71	nov	UV
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while Not while of twark of t			Lat.					YES	NO 🗆] CAL	JSES OF DEA	Inf				90
19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town While Nat							21c.	HOW INJURY O	CURRED (Enter	r nature af i	injury in Par	t 1 or Part 2,	Item 18.)		
While at wark of wark 22a. I certify that (I) (this hospital) attended the deceased from 15 D.C., 1967, ta 10 Attract, 1968 as we he deceased alive an 30 March 1968, and that in (my) (our) apinian death accurred an the date causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE OF CONTROLL OF STAFF OF CONTROLL OF CONTR	200			examiner)	P.M.	19										
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22b. SIGNATURE DEGREE PHYS. ATTENDING MED. DIRECTOR PHYS. 10 22c. DA DIRECTOR PHYS. DIRECTOR PHYS. 10 22d. PHYSICIAN'S GEORGE P. 13 L UNDELL MD 22e. ADDRESS 9 5 - 19 Struct N WATH N GET OND 30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	Н	saw th	ne deceas	ed alive	(mo) (did) (d	id not) view the k	adv afte	nd that in (r	ny) (our) api	inian deat	th accurre	d an the d	ate and	l haur d	and tra	m tl
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NAME (Type) GTEORGE P. 13 LUNDELL, MU WASHINGTOND 30. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	8	220. 310NATOR	2-	>	Alle	melle		Anne					o a		219	68
30. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)		22d. PHYSICIA	N'S GE	ORG	FPI	21 11/10	=11	22e. AD	DRESS 91	5-19	Str	cet 1	1,40			/
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BURIAL 1/19/100 HBBOTIS CREEK CEM HIGH FOIRT N	3a.			23b. DATE	12/191	10			. 0 -	1			(Caur		(Stote	,
		BUT	PAL	1/1	9/110	4880	TIV	CREEK	(CEM	11161	4	7/~~	NeR	4H C.	AROL	NI

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fidirector, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hayrs after death.

Page 4 may be retained by the hospital ar attending physician.

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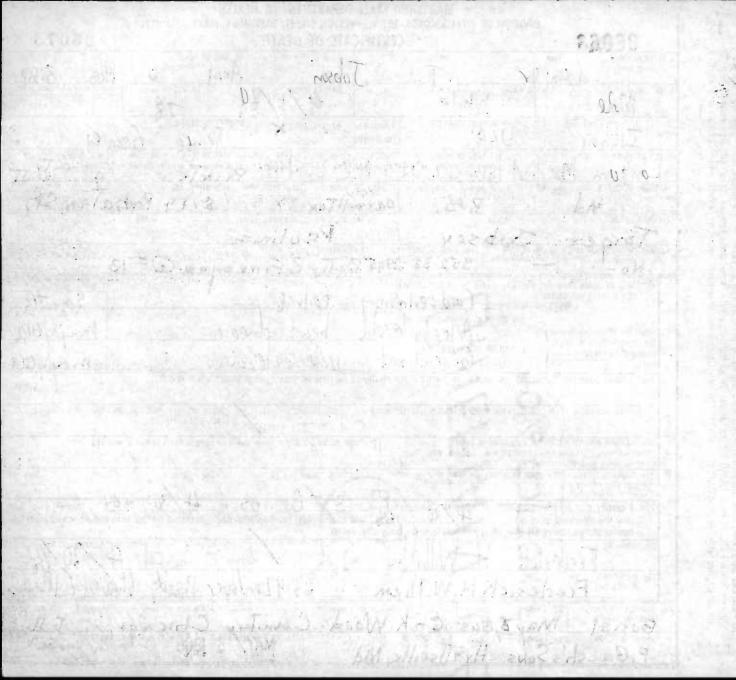
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		26968		CER	TIFICATE OF DEATH		96073
	(1	ECEASED-NAME Type or print)	CISP CV	Middle	Joseph	April Month 30	Day 1968ear 3:
	3. SE	* Male	4. RACE	hite	S. DATE OF BIRTH	6. AGE (In year lost birthdoy)	
		BIRTHPLACE (Stote or for	USA	WII	ARRIED NEVER MARRIED DOWED DIVORCED	9. COUNTY OF DEATH Prince	Geryer
0		Lanhan	Muy Inv give st	1 GODILLVILL YILL	Luchen MD.	ISUAL OCCUPATION (Kind of work Most of working life, even if reti	red.) INDUSTRY
6	adm	issian) STATE	re deceased lived, if institution 13b. COUNTY	28 0	errollTon YES	NO 8114 P	oupalan S
		FATHER'S NAME Firs	r Jobs	Lost	15. MOTHER'S MAIDEN NAM	IE First Mid	
		(es, no, or unknown)		166. SOCIAL SECURITY NO. 352-38-291		INVERAN @	ess 13 APPROXIMATE INTE
		18. CAUSE OF DEATH PART I. DEATH W 41 2 Conditions, if ony, whi rise to immediate co	DUE TO, OR AS	COULD PULMENTS ACONSEQUENCE OF AVELIBLEI	the heart	disease	5 miny 7
		stoting the underlying last. PART 2. OTHER SIGNIFI	(c)	Consequence of Concrete of Con	ATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	Mayy
2	CERTIFICATION	190. DATE OF OPERATION	1 19b. CONDITION FOR WHIC	CH OPERATION WAS PERFORM		20b. IF YES, WERE FIND CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYIN
	MEDICAL CER	21o. ACCIDENT WAS UT OR CONTRIBUTING CA	USE OF DEATH HOUR A.M. al examiner)	Manth Day Year		nter nature of injury in Port 1 or P	art 2, Item 18.)
	ME	21d. INJURY OCCURRED While Not while at work			21f. LOCATION Street or R.F.D.	Na. City or Town	County
		saw the dece	t (I) (this hospital) atter eased alive an	4/30 1964	and that in (my) (aur)	9.00, ta 4/V apinian death accurred an t	, 19 <u>0%</u> , that (+) (v he date and haur and fr
		22b. SIGNATURE	ederich H	. Willela	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED
1		22d. PHYSICIAN'S NAME (Type)	rederick	H. Wilhen		undover Product;	(hevery M.
		BURIAL, CREMATION, PEMOVAL (Specify)	23b. DATE 184 6,194	23c. NAME OF CEMEN	Noods, Cen	23d. LOCATION (City or Town	40. II
68	24.	FUNERAL DIRECTOR'	L'e Sous H	ADDRESS	25a. REC	PARY REGISTRAR 1968 REGIS	tear's signature Judge



MARYLAND STATE DEPARTMENT OF HEALTH , 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

VV			LKIIIICAIL	OI DEATH
P		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission)
7	C	O. COUNTY PRINCE LEORGE	MARYLAND	O. STATE MARYLAND b. COUNTY Montgornery
1	t	b. CITY OR TOWN (If outside corporate limits, c. LENGTH	OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)
		write RURAL and give pearest town)	mo.	SILVER SPRING
0	. f	d. NAME ON HOSPITAL OR INSTITUTION (If not in hospital, give street or	ldress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
90	7	LyATSVILLE NURSing Home		9901 Edgehill LANE YES NO
15	3. 1	DECRASED	Aiddle &	Lost OF Month Doy Year OF DEATH 4 24 1968
)	S. S	Y W. T. /		DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HR
0	J	MALE WIDOWED I		12-3/-1889 (1878) yrs. Months Doys Hours Min
	100.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSII		11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT
	duri	ing most of working life, even if retired) ATTORNEY U2S • GOV		NEB. COUNTRY? USA
	_	FATHER'S NAME		14. MOTHER'S MAIDEN NAME
		WILLIAM EUGENE JOHNSON		MAY TREVITT
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECU	RITY NO. 17. INF	IFORMANT Address
	(Te:	es, no, or unknown) (If yes give wor or dates of service)	LO11 AUG	GUSTA D. JOHNSON WIFE SAME AS ABOVE
		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), one		INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	orardial	infantion ONSET AND DEATH
11		4109 DUE TO		
-		Conditions, if ony, which gove (b) article	eschate	cardemale diene : 20 years.
		stoting the underlying couse DUE TO		
		lost. (c)		
V	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE	PERFORMED?
A	CAT	7201		YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING	INJURY OCCURRED. (En	Inter noture of injury in Port I or Port II of item 18.)
		(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month Day Year 20d. INJURY OCCUI	DED IOO DIACE	OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
1	MEDICAL	Hour o m While Net M	hile foctory	ry, street, office bldg., etc.)
0		p.m. 19 of work of otw		ulz , 196 7, to april 24, 1968, that (1) (we)
		21. I certify that (I) (this hospital) attended the d saw the deceased alive an 2 farmer 19	68, and that a	death accurred at 1114 M, fram causes and an the date stated aba
		220. SIGNATURE		ATTENDING MED. STAFF 22b. DATE SIGNED
		Millet	M.D.	PHYS. DIRECTOR L PHYS. L
BP.		22c. PHYSICIAN'S NAME (Type) AARON DEITZ, MD.		22d. ADDRESS Prince George Shopping Ctr. Hyattsvil
	220		NE OF CEMETERY OR CRI	
1	230	REMOVAL (Specify)		COLLINGTON P G MD
44	24		DRESS	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
		F? GASCAHIS SONS HYATTSVI		DATE APR 29 1968 Icharles Judge

HYATTSVILLE, MD.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after deather. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

GASCOH'S SONS

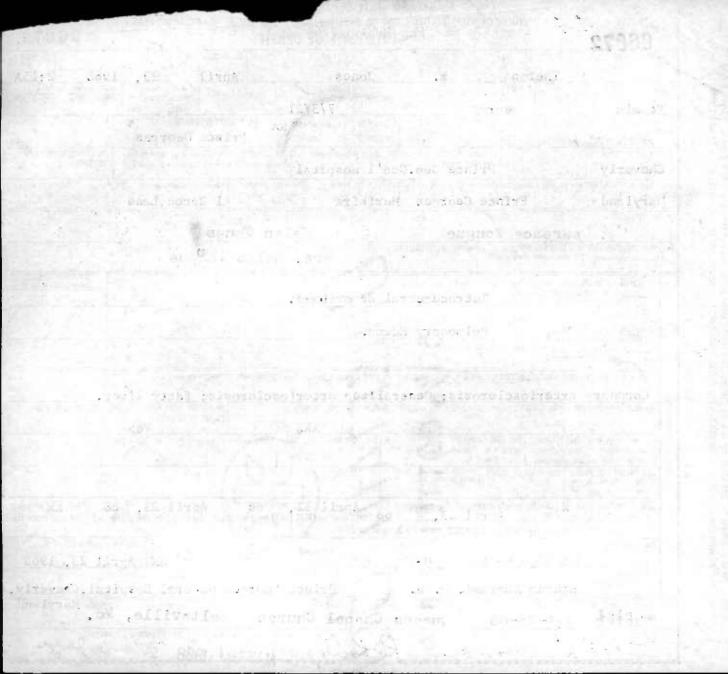
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🛂 🚰 🧖 🏋 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT DECEASED-NAME First Middle Lost 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) OF ESTIdelay is and 3 ta Page 4-16-68 Phillip Spencer Johnson DEATH MATED 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 3. SFX 4. RACE S. DATE OF BIRTH HOURS land 2 with the State Departm 3/28/1935 White Male 1972 144amm 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in pencil in Item 18. Give Pages 1, along with form Virginia U.S.A. WIDOWED Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death during most of working life, even if retired.) Service Repairman Refigeration give street oddress) Cheverly Prince George Hospital 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER death. 13b. COUNTY Tince George deryland NO T Riverdale Road Riverdale hours after Middle 15. MOTHER'S MAIDEN NAME Middle 14. FATHER'S NAME First lost First Katie Emmons Johnson Sr. E. Philip S. hours pages 160. WAS DECEASED EVER IN U.S. ARMED EORCES?
(Yes_no, or unknown) | 3 yes are broyoconte of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS This certificate shauld be executed within (Yes_no, or unknown)
Yes 577 46 8916 Hilda L. Johnson Same as #13 3/20/63 File APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH the Chief Medical PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Heart failure minutes event DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease nknown burial-transit Conditions, if ony, which gove rise to immediate couse (a), please execute the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ shauld be forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 SD removal, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO T YES [be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING DICAL EXAMINER: crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County Stote City or Town foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE burial. 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X far and in my apinian the funeral directar. death resulted from: Natural causes 🔀 Accident Suicide Homicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUT 4-16-68 DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) Riverdale. Kehoe MD 0 23o. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) Md. Colmar Manor P. G. 4/19/68 Ft. Lincoln 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1968 Francis Gasch's Sons Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle Lost 2b. HOUR DECEASED-NAME First Month 30 (Type or print) GROVER TERSON IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE S. DATE OF BIRTH 6. AGE (In years 3. SEX lost birthdov) DAYS CAUC 2-8-199 Jo. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Virginia U.S.A. GEORGES WIDOWED IX DIVORCED [12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) REGENT during most of working life, even if retired.)
Steamfitter INDUSTRY FORESTUILLE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEWash. D &Bb. COUNTY _ 13th Wash., D.C St., N.E. 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Margaret Kesterson Summers George 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 2700-Conn. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war ar dates of service) Mrs. Thelma L. Dowling -Ave. N.W 216-05-2457 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A SONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT DISEASE OR CONDITION GIVEN IN PART 1(o) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗍 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M.

Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

City or Town

Stote County

22a. I certify that (I) (this haspital) attended the deceased from 1900, and that in (my) (our) o _19Cat, and that in (my) (our) opinian death occurred on the dote and have and from the causes stated abave, (1) (we) (aid) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING

PHYS.

22d. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE

22e. ADDRESS

DATE

DIRECTOR

STAFF PHYS.

23d. LOCATION (City or Town) (Stote) (County) Wash. D.C.

director, page should be filed REMOVAL (Specify) 5/4 /68 24. FUNERAL DIRECTOR Nalley's

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Home

Congressional Cem. Funeral ADDRESSMt Rainier Maryland

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VR A15 (4) 30M REV, 1/68

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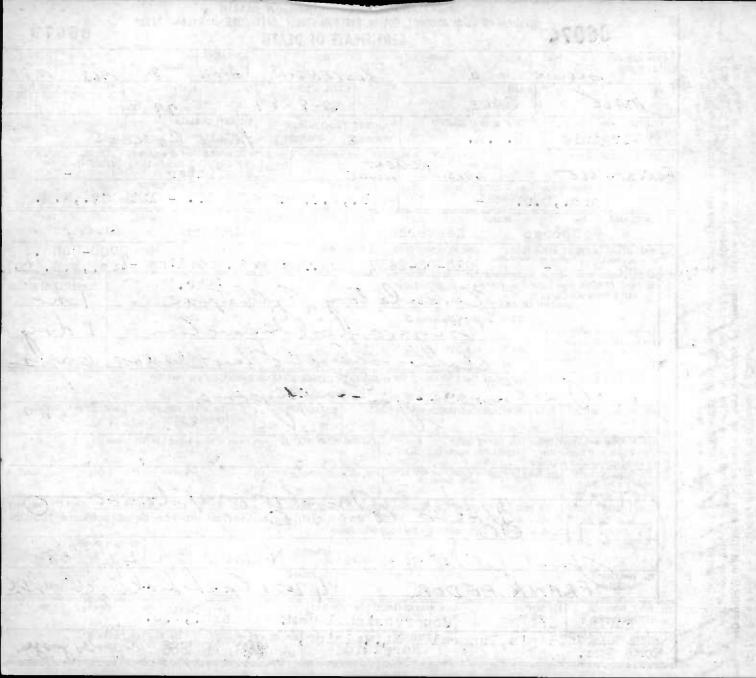
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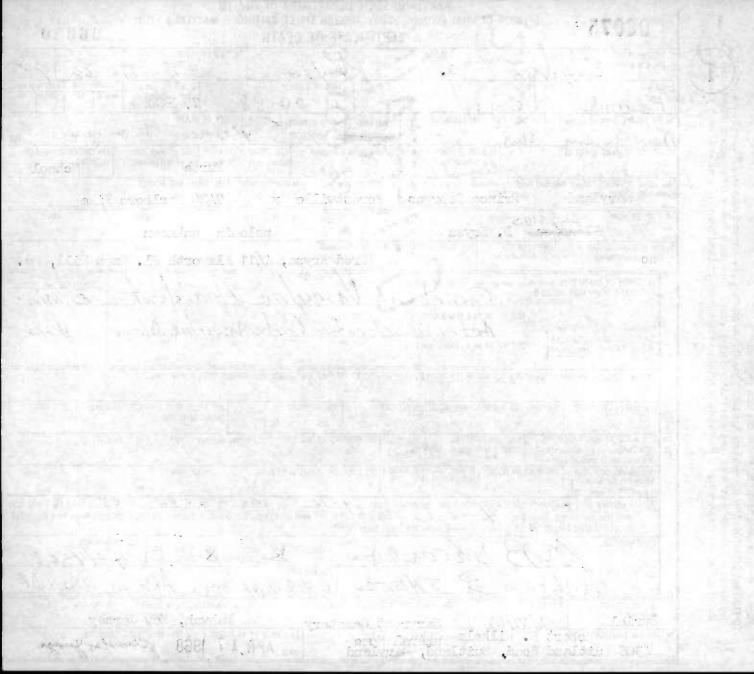
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36630 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or print) Month Year the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages and nation, ar remaval, and in any event, within 72 hours affertable. 68 14 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF LINDER 24 HRS MONTHS DAYS 20 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED DIVORCED 10. CITY OR TOWN OF DEATH O 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTR'S bhool give street oddress) during most of working life even if retired.) 13g. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY HMITS? 13e. STREET AND NUMBER odmission) Maryland 13bFfTThce Georges Forestville NO 7420 Marlboro Pike 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle L. Krysa Apolonia unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, ar unknawn) Fred Krysa, 4411 Elsworth Pl. Oxon Hill. Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave burial-transit rise to immediate couse (a) signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) has been priar ta l the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD CAUSES OF DEATH? YES 🗀 NO [O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) tar OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while ot wark be retained by the 220. I certify that 🛱 (this hospital) attended the deceased fram_ 4-11 1968, ta 4-14 saw the deceased alive an 4-14-(1968, and that in (m) (aur) apinian death occurred an the date and hour and from the shauld causes stated above, (4) (we) (did) (did not) view the body after deoth. 22h SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M. DEGREE directar, page shauld be filed 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type 6400 MAR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION 23b, DATE (County) (Stote) Mahwah, New Jersey Maryrest Cemetery 24. FUNERAL DIRECTOR Robert E. Wilhelm 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Funeral Home VR A15 (4) Charles 4308 Suitland Road, Suitland, Maryland 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36881

	DECEASED-NAME (Type or print)	First / FnA		Middle H •	LAM	kin.		2a. DATE OF	DEATH Month Do	Y Yeor	2b. HOUR
3. 3	SEX		4. RACE	, 1		S. DATE OF BI	1		6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	temal.	2	wh	ite		Sep	-	884	83 YRS.		
70.	BIRTHPLACE (Stote ountry)		. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED		KIED	COUNTY OF			
	SELINO		USH	AF OF HOSPITAL OR IN	WIDOWED				eorge	Train and	Md.
10	CITY OR TOWN OF D	tAIH		ME OF HOSPITAL OR INS reet address		Ith Care	during mos	t of working	(Kind of work done life, even if petired.)	INDUSTRY	BUSINESS OR
130	nissian) "STATE	Where deceosed	lived, if institution 13b. COUNTY	on: Residence before	13c. CITY OR 1		13d. INSIDE CITY LIM		REET AND NUMBER	0	1
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14.	FATHER'S NAME Un	known	Middle	Miller		MOTHER'S MA	NDEN NAME Fir		Middle nknown		Last
16	a. WAS DECEASED EV	R IN U.S. ARMED		16b. SOCIAL SECURITY	NO. 17. IN	FORMANT			Address		
	Yes, na, or unknown)	(If yes give war or	r dates of service)	78-18-5	665Mr	Grim	es Lot	25 R	FDBoy 43/	1 Noper 1	Mad born Me
	18. CAUSE OF DE	H WAS CAUSED B	ine cause per line Y:	far (a) (b) and (c).) D	(2011	10	. 0	APPROX	IMATE INTERVAL ONSET AND DEATH
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	stating the unde	lying cause	DUE 10, OK AS	DU MILLE OF	Vantul	2/6	ad and	as One	des Hes	20	
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CERTIFICATION	190. DATE OF OPER	ATION 19b. COM	NDITION FOR WHIC	TH OPERATION WAS PE	RFORMED	20a. AUTO	PSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
TEIC						YES TO NO TO CAUSES OF DEATH?					
		AS UNDERLYING	21b. TIME OF	INJURY	21c. HO			noture of injur	y in Port 1 ar Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING		HOUR A.M.	Month Doy Year							
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d	22a. I certify	that (I) (this-	lospita l) atter	nded the decease	ed fram/	-31	, 19.65			68, that	(I) (we) last
	saw the	saw the deceased alive on									
	22b. SIGNATURE	Transfer above, ((dia) (occurrent the	bady affer a	eain.			1 22-	DATE SIGNED	
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	22d. PHYSICIAN'S NAME (Type)	ALF	RED	R. LAY	Mr. m	22e. ADD	RESS				1379
	BURIAL, CREMATIO		E	23c. NAME OF	CEMETERY OR C	REMATORY		23d. LOCATIO	N (City or Town)	(County)	(State)
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24	. FUNERAL DIRECTOR						2Sa. REGID BY	RECISTRAR	A Sb. REGISTROR;		edel.
	Home :				yland		DATE	. 44 1	200 1	1	0

VR A15 (4) 30M REV. 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72

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REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF WITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 36884 Middle 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First Last death. (Type or print) Month Dov Yeor Lawrence 968 .30pM List Anril IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF LINDER 1 YEAR hours after last birthday) 10/2/87 Male Caucasian 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWEDX DIVORCED Prince Georges certificate be executed within 24. attending physician and completely filled sermit. Then please remave carban page 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address)
Prince Geo.Gen'l Hospital during mastaf warking life, even if retired.) INDUSTRY burial, crematian, ar remaval, and in any event, wit Cheverly 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13b. COUNTY Fairfax Virginia lexandria 6000 Edsall Middle 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First FNEM 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO MRS ESTHER (If yes give war or dates af service) Yes, na prunknown) UNKNOWN APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY law requires that the death permit. IMMEDIATE CAUSE (a) Bilateral subphrenic abcesses with localized DUE TO, OR AS A CONSEQUENCE OF gangrenous peritonitis. Canditians, if any, which gave) (b) leakage of gastrojejunostomy anastomosis. burial-transit rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying cause PART 2. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELETED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) toy, thenan as the priar ta Bilateral Broncho-pneumonia 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES XX far use 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) (AT HOME, FARM, STREEY, FACTORY.) 21f. LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Caunty State City or Town While Not while of wark April 21, 19 68, that (1) (yes) lost 22a. I certify that (I) ক্রেকেড্রেকর) attended the deceased fram 3/19 to saw the deceased glive on April 21 _19 A.S. and that in (my) fourt apinion death occurred on the date and hour and fram the 3 shauld causes stoted above, (1) (size) (did) (stick, wet) view the body after deoth. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR directar, page 3 shauld be filed v April 22, 1968 DEGREE 22e. ADDRESS 22d. PHYSICIAN'S 1726 Eye St., NW, Washington, D.C.20006 NAME (Type) Jerome Sandler, M. D. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) 23a. BURIAL, CREMATION 23b. DATE 25b. REGISTRAR'S SIGNATUR VR A15 (4) 30M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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3	SEX	ale		4. RACE Whi	te			S. DATE OF BIR	th 189	3	6. AGE (Ir	veors	MONTHS		HOURS	24 HRS. MIN.
	o. Bli	RTHPLACE (Stote or y) Wash.,	-	b. CITIZEN C	S. A.		8. MARRIED WIDOWED	NEVER MARE	CED	9. COUNTY OF Pr. Ge	0.	4				M
1		y or town of DEA heverly	ATH		11. NAME Of	HOSPITAL OR IN	Geo.	nat in haspital Gen. Ho	12a. USUA Spluring my	etef workies	(Kind of v	retired.)	12b.	KIND OF E	usiness ime:	OR r
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		ther's NAME hn R. Loc	First	Mide	dle	Last		IS. MOTHER'S MA Julia	IDEN NAME F	irst C c	XX.	Middle			Last	
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	RTIFICA	90. DATE OF OPERAT			R WHICH OF	PERATION WAS PE		20o. AUTOF	NO 🗀	CAUSES	YES, WERE OF DEATH	?			KIIFYING	,
-	¥	la. ACCIDENT WAS or contributing [If either, notify me	CAUSE OF DEATH	HOUR	P.M.	nth Doy Year 1	9	HOW INJURY OCC			ry in Port 1	ar Part 2,	, Item 18.)		
		21d. INJURY OCCUR While Not while	RED 21e. Pl	LACE OF INJ				LOCATION Street		. /	ar Tawn	9-7	Coun			tote
1		22a. I certify the saw the de causes sta	nat (I) (thi s eceased aliv ted obove,	hespital) ve on((I) (we) (ditender	net) view the	9 , ai body after	nd that in (my death.	, 19 <i>Q</i> y) (our) opi	nian death	ccurred	50, 19 an the d	late and	., that I haur c	(I) (w ind fro	e) las
		2b. SIGNATURE	gus T	UZM	11 /	ausin	Mi	ATTENDIN PHYS.	6	IRECTOR	STAFF PHYS.	D 224	PATE SI	GNED 1	16	P
	1	2d. PHYSICIAN'S NAME (Type)	Angus V	v. Ec	Lauri				Hamlt	n., St			Md.	,		
1	Bu	BURIAL, CREMATION, PEMOVAN (Specify)	23b. DA	3/68			Hill	Cemeter		Suitle	and	Pr.	Geo.	Mo	(State)
1	Fr	uneral director ancis	sch's S	Sons	Hyat	tsville	, Md.		2So. REC'D B	Y REGISTRAR		REGISTRAR				

1968

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the haspital or attending physician. JWD 30M REV. 1/68

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06081

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06086

		CEASED-NAME First	Mid	dle	Last	2a. DATE OF DEATH	2b. HOUR
	(T)	ype or print) FLO	RENCE M	. M	ABBOTT	April 23rd	1968 340 M
	3. SEX		4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		Female	White	0	Mar. 20-18	last hirthday)	MONTHS GAYS HOURS MIN.
	7o. B	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY	? 8. MARRIED [NEVER MARRIED	9. COUNTY OF DEATH	
1	caun	Missouri	USA	WIDOWED		Prince Geor	ge Md.
	10. CI	ITY OR TOWN OF DEATH	11 NAME OF HOSP	ITAL OR INSTITUTION (If no	at in haspital 120. USU	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	U	pper Marlbor	0 11411_B	rown Rd.,	ourng in	ost of warking life, even if retired.) Housewife	WI SOUNT
6	13a. admis	USUAL RESIDENCE (Where deceose ssion) STATE Md			TOWN 13d. INSIDE CITY L		n Rd.,
1	14. F.	ATHER'S NAME First	Middle		. MOTHER'S MAIDEN NAME I		Last
1		John	F. R	enfro	Margaret	Moore	
İ		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL	SECURITY NO. 17. II	NFORMANT	Address	Oxon Hill Mo
		es, na, or unknawn) (If yes give we	XX 212	56 0520 3	Il Ruby A.	Deer 4909 Deal	l Dr SE
1		18. CAUSE OF DEATH (Enter anim	y ane cause per line far (a), (b), and (c).)	A .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (0) Cerebr	al Vas cu	lar Disla	se,	years
1		4129	DUE TO, OR AS A CONSEQ	LIENCE OF	-1 0 0	0 .	1
1		Canditians, if any, which gave	(b) Genera	lend av	-tenoclerati	C (ander Vasa	de Clars
1		nise to immediate cause (a), stating the underlying cause	DUE TO, OR AS À CONSEQ	UENCE OF	XIA	9 /	
		last.	(c)				
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
1	×	4221					
	CERTIFICATION	19a. DATE OF OPERATION 19b. 0	CONDITION FOR WHICH OPERATION	ON WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
74	RTE				YES NO 🔀		
		21 g. ACCIDENT WAS UNDERLYING CAUSE OF DEATH		21c. HC	W INJURY OCCURRED (Ente	r nature of injury in Part 1 or Part 2,	Item 18.)
	MEDICAL	(If either, notify medical examin		19			
		21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT HOME, FAR OFFICE BUILDI	M, STREET, FACTORY, 21f. LC NG, ETC.	CATION Street ar R.F.D. No	. City or Tawn	Caunty State
		22a Leastifu that illy (this	advantially attended the	deceased from	4 414 10 (ov to 230 ov 10	that ## (wa) last
4		saw the deceased al	ive an 4/20	19 S, and	thatin (env) (our) op	inian death accurred on the de	ate and haur and from the
2		causes stated above	, (I) (we) (did) (did nat) v	view the bady after o	leath.		
		22b. SIGNATURE	herma	_ When	EE PHYS.	MED. STAFF 22c.	DATE SIGNED
		22d. PHYSICIAN'S		70101	22e. ADDRESS	OKECTOR C PHIS. C	100/80
		NAME (Type) Dr . La	awrence J.L.	ieberman	6056	, Contral Os	e
	23a.	BURIAL, CREMATION, 23b. D	DATE 23c.	NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
		REMOVAL (Specify) Ap		emorial !	Park		Kansas
	24.	FUNERAL DIRECTOR	3us	ADDRESS Wash	DC 250. REC'D I	BY REGISTRAR 25b. REGISTRAR'S	
	1	Trans Broad 6	67-Good Hon	a Pd SE	DATE	PR 2.5 1968 X	warles Junge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in Dy the Cuberal director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 4 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24,

Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificote hos been signed by the attending physicion and completed the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carborraped should be filed with the State Dept. of Heolth prior to burial, crematian, or removal, and in any event, within

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

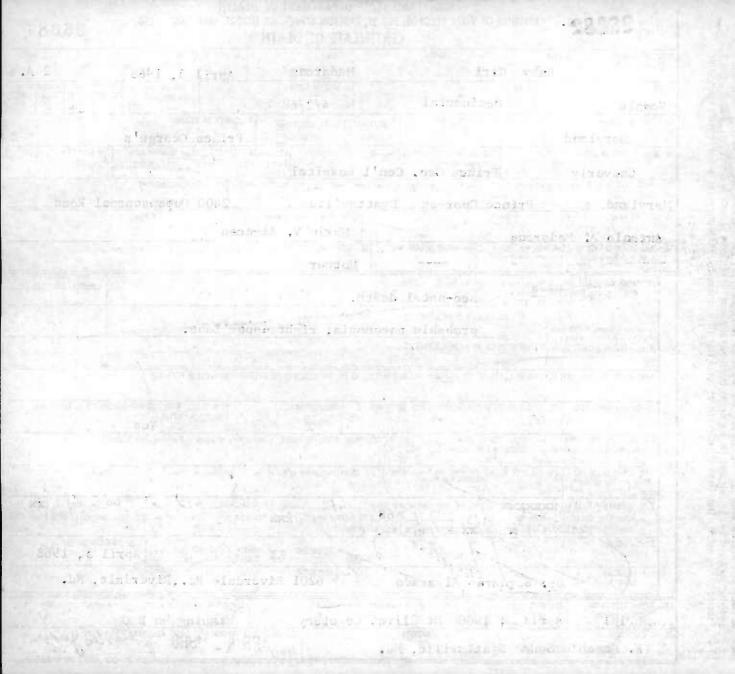
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hours after death.

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	occo.			CERTIFI	CATE OF	DEATH	-			J b U	81
	ECEASED-NAME First Type ar print)		Middle		Last		2a. DATE OF	DEATH Death De	ov Yea		2b. HOUR
'	B	aby Girl			Madara	ng	April	Manth 1968	ay reu		2 A. N
3. S	EX	4. RACE			S. DATE OF E	BIRTH		6. AGE (In years	IF UNDER 1 YE		INDER 24 HRS.
	emale		dental		4/2	/68		lost birthday) — YRS		AYS HO	URS MIN.
7a. cau	BIRTHPLACE (Stote or foreign ntry) Maryland	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIEI WIDOWEI	NEVER MA	RRIED 🔀	9. COUNTY OF	DEATH George's	5		Md
10.	CITY OR TOWN OF DEATH		E OF HOSPITAL OR IN	ISTITUTION (If	nat in haspital	12a. USU/	AL OCCUPATION	(Kind af wark dane	12b, KINI	D OF BUSI	NESS OR
	Cheverly	Prin	eet address)	Gen'1	Hospit	al during m	ast af warking i	life, even if retired.)	INDUSTR	Υ	
13a.	USUAL RESIDENCE (Where decease	sed lived, if institution	n: Residence befare	13c. CITY C	R TOWN	13d. INSIDE CITY L	IMITS? 13e. STF	REET AND NUMBER			
	ission) STATE	Prince G	eorges	Hyatt	sville	YES NO	2400	Queensch	anel I	Road	
	FATHER'S NAME First	Middle	Last		1S. MOTHER'S N			Middle			ast
	Antonio A. Mada	arano			Marie	V. Alm	ecen				
16a	. WAS DECEASED EVER IN U.S. AR	MED FORCES?	6b. SOCIAL SECURITY	NO. 17	. INFORMANT			Address	THE .		
_	res, na, ar unknown) (11) 43 gree	val of doles of service)			Mother						
	18. CAUSE OF DEATH (Enter or								API BETW	PROXIMATE EEN ONSET	INTERVAL AND DEATH
	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a)	leo-natal	death	1,						
	486x	DUE TO, OR AS	A CONSEQUENCE OF								
	Canditians, if any, which gave	(L) TO	robable	pneumo	onia. r	ight up	per lob	e.			
	rise ta immediate cause (a), stating the underlying cause(A CONSEQUENCE OF		,	0 .	4				
	last.	(c)									
	PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTII	NG TO DEATH BUT N	NOT RELATED	TO THE TERMINA	AL DISEASE OR C	CONDITION GIVEN	I IN PART 1(a)			
z	7630										
CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS P	ERFORMED	20a. AUT		20b. IF CAUSES	YES, WERE FINDINGS OF DEATH?	CONSIDERED	IN CERTIF	YING
	21a. ACCIDENT WAS UNDERLYIN				HOW INJURY O	CURRED (Ente		y in Part 1 ar Part 2	, Item 18.)		176
MEDICAL	OR CONTRIBUTING CAUSE OF DEA' (If either, natify medical exami	TH HOUR A.M.	Manth Day Year	19							
MEI	21d. INJURY OCCURRED 21e. While Nat while at wark at wark	PLACE OF INJURY (T HOME, FARM, STREET, FA OFFICE BOULDING, ETC.	ACTORY,) 21f.	LOCATION Stre	et ar R.F.D. Na	. City	ar Tawn	Caunty		State
	00-1	ischoopited) atten	ded the deceas	ed_from_	4/2	, 19_6	58 , to4	4/5 , 1	968_, t	hat (I)	(WE) last
	saw the deceased e causes stated above	e, (1) (we) (dipl) (s	for not) view the	19 <u>68</u> , a body afte	nd that in (n r death.	ny) ≴ows ł api	inian death a	ccurred on the d	ate and ho	our and	fram the
					ATTEND			220	. DATE SIGNED		
	and physicianis	11	116	DE	GREE PHYS.		MED. DIRECTOR		ril 5		00
,	22d. PlySICIAN'S NAME (Type) Dr	Bernardo	Alvarad	0	62	Ol Rive	erdale F	Rd.,Rivero	lale, l	Md.	
23a	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY O	R CREMATORY			N (City ar Tawn)	(Caunty)	(9	State)
		ril 5, 19			Cemeter	У	Washi	ington D			
24.	FUNERAL DIRECTOR		ADDRES			2Sa. REC'D B	REGISTRAR	968. REGISTRAL	S SIGNATURE	great	gen .
	F. Gasch's S	ons Hyat	tsville,	Md.		DATE	11 0 -				/



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

06088

	CEASED-NAME	0	First	1307.1	1	Aiddle		Lost		2a.	DATE OF DEATH			2b. HOUR
(1	ype or print)	47	000	N	43.		m	agl	le .		api	oth Da	9 196	8 5 3 M
SE	X			4. RACE				S. DATE	OF BIRTH		6. AGE	(In years	IE UNDER 1 YEAR	IF UNDER 24 HRS.
	Fer			Com				2	More	70		ghday) YRS.	MONTHS DAYS	HOURS MIN.
o. E	SIRTHPLACE (Stote	or foreig	n 7b.	CITIZEN OF W		RY?	8. MARRI	ED 🔲 NEVE	R MARRIED X	9. 00	UNTY OF DEATH	V	(
001	Wash.	D.C.	No.	USA			WIDOW	ED 🗀 _	DIVORCED 🗀	12	uncu	Heo	uges	Md.
0. (ITY OR TOWN OF	DEATH			AME OF HO street oddr		ISTITUTION (If nat in hosp			UPATION (Kind o working life, eve		M2b. KIND O	F BUSINESS OR
7	orestr	elle			كركوب		isen	y Her			or Roomi			
	usual Residence				D.C.		Wasl	OR TOWN	13d. INSIDE CIT	NO [333 6th		et S.E.	
4. F	ATHER'S NAME	First		Middle	1	Lost		15. MOTHE	R'S MAIDEN NAME	First		Middle		Lost
		John	n M.	Magle				1		Un	known			
	WAS DECEASED E				16b. SOC	AL SECURITY	NO. 1	7. INFORMAL	IT			Address		341
Y	es, no or unknow	n) (11 ye	is give war ar	dates of service)				John E	. Kerns	, 48	07 Hagar	Rd, 7	Cemple	Hills Md
	18. CAUSE OF I PART I. DE	ATH WAS	CAUSED BY		ine for (o)	(b), and (c)	.)		Le	il	77	- Per		CIMATE INTERVAL ONSET AND DEATH
	412	9.11	MEDIATE (DUE TO, OR	AS A CONS	EQUENCE OF	1	2 00	1		0	-		
	Conditions, if ar				AS A CONS	Co	Me	MAN	leve	tic	Corl	rten	Lesceo	Snon
	rise to immedi- stating the und			(b) DUE TO, OR	AS A CONS	FOLIENCE OF		vui				-	- Cuence	7
	last.	ierrying c	nose	(c)										
	PART 2. OTHER	SIGNIFICAN	T CONDITI	ONS CONTRIBI	JTING TO D	EATH BUT N	IOT RELATED	TO THE TER	MINAL DISEASE O	RCONDIT	ION GIVEN IN PAR	T 1(a)		1 ,
7	4201	1	Cn	un	il	ed ;	7	este	we al	ny	hila	-VA	Tres	Conifgiese
ATTO	190. DATE OF OPE	RATION	19b. CON	DITION FOR WI	HICH OPERA	TION WAS PE	RFORMED	20a.	AUTOPSY?	/ -	201. IF YES, WE	RE FINDINGS	CONSIDERED IN	CERTIFYING
TIFIC	25.50							Y	ES WO		CAUSES OF DEA	TH?		
CER	21a. ACCIDENT			21b. TIME O				HOW INJUR	Y OCCURRED (En	nter natur	e af injury in Par	t 1 ar Part 2,	Item 18.)	
OICAL	OR CONTRIBUTING			HOUR A.M. P.M.	Month	Day Year	9							
ME	21d. INJURY OC	CURRED		CE OF INJURY	(AT HOME, F			. LOCATION	Street or R.F.D. I	Na.	City or Towr		Caunty	State
	While Nat v				COFFICE BUI	LUING, ETC.			1	10	01	-/	100	
	22a. I certif		this h	aspital) att	ended 1	deceas	ed from	Ju	1 7.	60	ta Caro	14/19	60 , tha	(I) (we) last
	saw the	deceas	ed alive	an 4	no	017	1968,	and that i	nyhy) (aur) a	pinian	death accurre	d an the d	ate and haur	and fram the
		stated a	bave, (I) (we) (did)	(did nat	view the	bady att	er death.	-	/		1 00	DATE ÉLONED	
	22h SIGNATURE	in	L	hime	Ke	The	P.D	EGREE PH	TENDING YS.	MED. DIRECTO	R STAFF PHYS.	U 4	DATE SIGNED	168
	72d. PHYSICIAN' NAME (Type		LV	IN L	-/4	1/1	CH	11 6	ADDRESS (OO)	MA	RLBO	ROPI	KESE	WASHDO
30.	BURIAL, CREMAT	ION,	23b. DATE		23	c. NAME OF	CEMETERY	OR CREMATO	DRY	23d.	LOCATION (City	or Town)	(Caunty)	(Stote)
E	REMOVAL Specif	y)	4/	22/68	1	Prospe	ect H	111 Ce	emetery	W	ashingto	n D. C	3.	- 176144

Wilhelm Futteral Home

4308 Suitland Road, Suitland, Maryland

BY PERSTRAR 4

2So. REC'D

DATE

TO FUNERAL DIRECTOR: After this cerificate has been signed by the attending physicion ond completely filled in by the director, page 3 should be detoched for use as the burial-tronsit permit. Then pleose remave carbon popers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours at O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 moy be retained by the hospitol or ottending physician.

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VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR Robert E.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

N.A.		06084	DIVISION	OF VITAL RECORDS,		ESTON STRI		MORE, MAR	YLAND 21201	06	889
EV D		CEASED-NAME Fir		Middle		Last		2a. DATE OF	DEATH	V	2b. HOUR
-	1	ype ar print)	Baby	Girl	1	lales		April	Manth 13, D	^{ay} 1968 ^{ear}	3 A.M
	3. SE	X	4. RACE			S. DATE OF BIR			6. AGE (In years last birthday)	IF UNDER 1 YEAR MONTHS CIAYS	IF UNGER 24 HRS. HOURS MIN.
		Female		Casian		Apri	1 13,	1968	YRS		2 50
	7a. E	BIRTHPLACE (State or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MARRIED	NEVER MARR	IED XX	9. COUNTY OF	DEATH		
		arvland	U.S		WIDOWED [DIVORC		Prin	ce George	S	Md.
74		ITY OR TOWN OF DEATH Theverly		1. NAME OF HOSPITAL OR IN: give street address) Prince Geo.G			during mg		(Kind af wark dane life, even if retired.)		F BUSINESS OR
16	13a. admi	USUAL RESIDENCE (Where dece ssian) STATE	ased lived, if ins	titutian: Residence befare	13c. CITY OR	TOWN 13	3d. INSIDE CITY LIN YES NO		REET AND NUMBER	le Rd.	
1		ATHER'S NAME First	Midd		15.	MOTHER'S MAIL	DEN NAME FI		Middle		Last
		Larry Males				Dorothy	May P	arker			
		WAS DECEASED EVER IN U.S. A es, na, ar unknawn) (If yes giv	RMED FORCES? e wor or dates of service	16b. SOCIAL SECURITY	NO. 17. II	FORMANT			Address		
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME! 772 Canditions, if any, which gav ise to immediate cause (a)	SED BY: DIATE CAUSE (a) _ DUE TO,	er line for (a), (b), and (c) Immat OR AS A CONSEQUENCE OF Pulmor	with		620 eleij	GA	15. bila		CIMATE INTERVAL ONSET AND DEATH
		stating the underlying caus- last. PART 2. OTHER SIGNIFICANT C	DUE TO,	OR'AS A CONSEQUENCE OF AUCHOR RIBUTING TO DEATH BUT N		bion	her	norr	Lape.		
	Z	7605		3							
X	CERTIFICATION	19d. DATE OF OPERATION 19	b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	20a. AUTOPS	SY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN (CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLY ☐ OR CONTRIBUTING ☐ CAUSE OF D (If either, natify medical exam	EATH HOUR A	.M. 1	9	W INJURY OCCU	JRRED (Enter	nature af injur	y in Part 1 ar Part 2	, Item 18.)	
	W	at wark at wark		RY (AT HOME, FARM, STREET, FA OFFICE, BUILDING, ETC.		ATION Street			ar Tawn	Caunty	State
		22a. I certify that (t) (saw the deceased causes stated abo	this haspital) alive an ve, *() (we) (a	affended the decease 12 12 12 12 12 12 12 12 12 12 12 12 12	ed fram_A 68, and bady after d	that in (1974)	, 19 <u>6</u>) (aur) apir	8_, ta_A	ccurred an the c	9 <u>68</u> , tha late and haur	t (we) last and fram the
		22b. SIGNATURE	1	1010	DEGRI	ATTENDING		ED. RECTOR	22	April 1	
1		22d. PHYSICIAN BE	rnards	Alvarado, M.	D.	22e. ADDR		ges Ger	neral Hos		
R		REMOVAL (Specify)	- DATE 		george '	s Gener		Chever	N (City or Town)		lappland
68		FUNERAL DIRECTOR HALLES AT PUNI	V, JR.,	ADMINISTRAZ			BO REAPPLY DATE	REZETRAR 1	968 REGISTRA	S SIGNATURE O	udge.

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Syd n E 1941-ron

O FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Health priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Githe funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along 5 may be retained far your files.

2

VR A15MB (5)

DICAL EXAMINER: This certificate shauld be executed within 24 haurs after-Beath

TO DEPUTY

in pencil in Item 18. Given

MARYLAND STATE DEPARTMENT OF HEALTH 06085 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

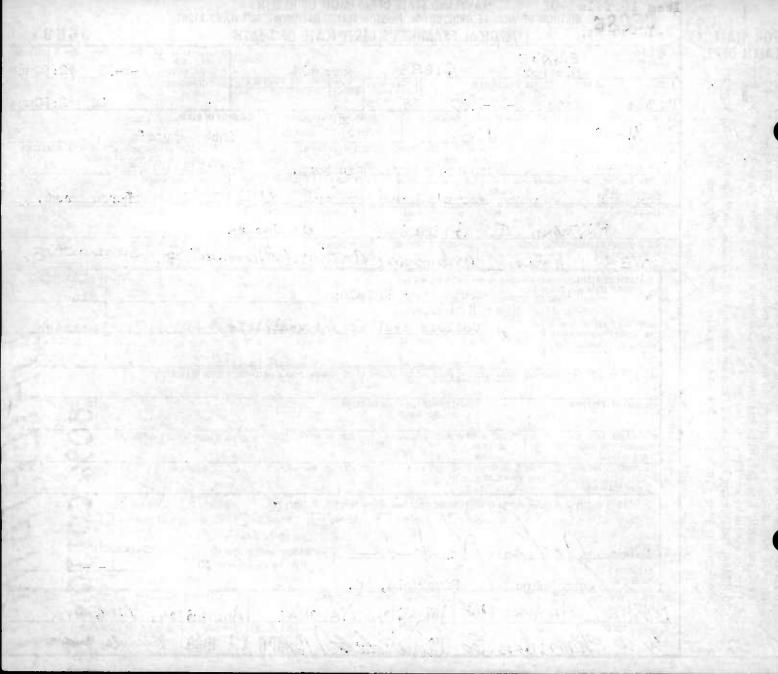
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

36890

	ECEASED-NAME	First	Mid	dle		Last		2a. DATE KNOWN Manth	Day Year	2b. HOUR
,	Type ar Print)	Robert	t McLaren	7	larker			OF ESTI- DEATH MATED X 4-2-	68 1910	OOan
3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In year	s IF UNDE			2c. DATE PRONOUNCED DEAD		2d. HOUR
	Male	White	3-12-1890	lost birthday)	RS. MONTHS	DAYS HOURS	MiN.	Manth Day	Xegr 19 10	720 M
_	BIRTHPLACE (Stot		. CITIZEN OF WHAT COUNTRY?			EVER MARRIED	9 (0)	INTY OF DEATH	001, 10	1.75. W
cour	utry)		IICA		IDOMED [DIVORCED				
10.0	Tharpsb	urg l'Ida	11. NAME OF HOSPITA					ince George's	12b. KIND OF BUS	Md
		-30	give street address)	AL OK MAINON	ou fu un u	durin	g mast a	f working life, even if retired.)	INDUSTRY	
	liverda]		Leland Me			ta] Lo	COMO	13e. STREET AND NUMBER	Kailro	rd
			lived, if institution: Residence			wee C				
	dmission) STATE Mary Lar		rince George					43-3 Russell	Ave., Ap	tal
14. F	ATHER'S NAME	First	Middle	Last	IS. MOTH	ER'S MAIDEN NAME		Middle	Last	
		Thomas	{	Marker			illi	e	Lunn	
	WAS DECEASED EVes, na, ar µnknav	VER IN U.S. ARMED FO	700130411632		17. INFORM			ADDRESS Arl	ington, Ve	2.
1	No	(II yes give wa	214-09-	-8815A	Mrs. 20	ck H.Kid	d 13	10 So. Columbus	St. 2220)4
	18. CAUSE OF	F DEATH (Enter anly	ane cause per line far (a), (b),	1					APPROXIMATE BETWEEN ONSET	INTERVAL
	PART I. I	DEATH WAS CAUSED I	BY: : CAUSE (o) <u>Heart f</u>	ailure					minute	
	41	29	DUE TO, OR AS A CONSEQU		terio	clerotic	hea	rt. disease	unknow	
		any, which gave	/b1	***	001 20	01010010	, ,,,,,,	10 010000		
		diate cause (a), { nderlying cause (DUE TO, OR AS A CONSEQU	IENCE OF						-11-12
	last.	derrying coose								
	PART 2 OTHER	SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH E	BILL NUT BELVIE	D TO THE TEL	MINAL DISEASE OF	CONDITIO	NI CIVEN IN DADT 1/a)		
	420		ONS CONTRIBUTION TO VENTE	JUI NOI KELAIL	D TO THE TER	GHINAL DISEASE OK	CONDITIO	M GIVEN IN PART I(U)		
NOI	19a. DATE OF C		19b. CONDITIO	N FOR WHICH O	PERATION				20. AUTOPSY	2
FIRE			WAS PERF		T EUXITON				YES 🗆	NO 🖂
CERTIFICATION	21a. EXTERNAL	CALISE WAS	21b. TIME OF INJURY Month, I	Day Year	121c HOW II	IIIIPY OCCUPPED (E	nter natu	re of injury in Part 1 ar Part 2, 1		110 [X]
	PRIMARY 0	R CONTRIBUTING	HOUR A.M.		210. 11011 11	DOK! OCCORNED (E	mer nuru	ile of injury in rais 1 at rais 2, 1	nem 10.)	
MEDICAL	CAUSE OF DEAT		P.M. ACE OF INJURY (At hame, farm,	19	ON LOCATIO	N Street or R.F.D. No		City - Town	Caunty	£1-1:
-			iry, affice building, etc.)	Street,	ZIT. LUCATIC	N Street at K.F.D. No	0.	City or Town	County	State
		OT WHILE Tacta								
100	22a. 1	certify that I tad	ık charge af the remains d	/ 1	ive, held ar	Autapsy,	Ins	spectian 🔀 , Inquiry 🗔	and in m	y apinian
	death re	esulted fram:	Natura) causes , A	icoldent [],	Suicide	, Hamici	de 🔲	Undetermined manner		
		Λ		1/	0	CHIEF MEDICAL	EXAMIN	ER 🔲		
	ACTUAL SIGNATURE _		mn 1) 01	M	M	D ASSISTANT MEL	DICAL EXA	AMINER 22b. DATE	SIGNED	
	EXAMINER'S	//			1,1	DEPUTY MEDIC	AL EXAMI	NER IX	4-3-68	
	NAME (Type)	John Keh	oe MD Riverd	lale. M	1.	ADDRESS(Stree	it, city, ta	wn, ar county)		
23a	BURIAL, CREMA	TION, 26b. D		AME OF CEMETER	RY OR CREMA	TORY	23d.	LOCATION (City or Town)	(County) (St	tate)
	REMOVAL (Spec	(Y) 1	16/68 Res	st Have	n Como	toni	Ha	aerstown-Washi	natonMd	
24.	FUNERAL DIRECT		CHART	ADDRESS	i Carre	2So. REC			SIGNATURE	
	Rest Hay	non France	al Chapel Ho	aersto	uma Md	DATEAP	R Q	_ 1368 Ochon	May Jung	k
-	700 1400	June June	W IMPER NO	we rond	Willed I Vice		TI O		1	-

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FOR STATE	7-	10-68	division				CERTIFICATE			NO ZIZO			0609	91
HEALTH DEPT.		CEASED-NAME	ELTA	71100		ddle	Last			o. DATE KN	OWN Mai	ith Doy	Yeor	2b. HOUR
is ge	(1)	ype ar Print)	Eleand	or	6-11	BBS	Marshal	17		OF E	STI-	8-68	12:	50pm M
delay is ned 3 to 13. Page tmept of	3. SE	Х	4. RACE	S. DATE OF BI	IRTH	6. AGE (In y	ears IF UNDER 1 YEAR	IF UNDER HOURS	24 HRS. 20		NOUNCED DEAD			2d. HOUR
when when we have a second with the second win the second with the second with the second with the second with	Fer	nale	White	2-17-	1933	35	YRS.	HOUKS	min.	Manth 4	8 Doy	68	or 19 2:	M mgO
n 2,		IRTHPLACE (Stote		. CITIZEN OF W	HAT COUNTRY?	8.	MARRIED NEVER M	ARRIED 🗌	9. COUNT	Y OF DEAT	Н	10.00		150
form form	count	11112		V	.S.			ORCED			orge 's			Md
haurs after death iny delay is them 18. Give Pages 1, 2, and 3 to Office along with form PM3. Page 1 and 2 with the State Department of offer death.	-13	TY OR TOWN OF Suitlan		give	street oddress)		TION (If not in hospitole Base Hos)	during			even if retire		ND OF BUSH	NESS OR
after 8. Give along along with the eath.	130.	USUAL RESIDENCE	E (Where deceosed	lived, if instit	tution: Residen	ce before 13c.	CITY OR TOWN	13d. INSIDE CITY			ND NUMBER			
s after 18. Give along 2 with death.	od	mission) STATE	i Pi	ince G	eorge 's	Upper	Marlboro	YES X	NO 🔲	10904	Dower	ouse	Cour	t.
24 haurs are in Item 18. r's Office al and 2 wints offer decress of the resolution o	14. FA	THER'S NAME	First	Middl	le	Last	IS. MOTHER'S MA	AIDEN NAME	First		Middle		Last	
24 Fin thin the criss Criss Criss Orrs orrs		F		T	GIB	BBS	~ 0	NKN	NWO	3				4
INER: This certificate should be executed within 24 haurs after death e certificate, writing the word "pending" in pencil in Item 18. Give Pog should be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as o buriol-transit permit. File pages land 2 with the Sta ation, or removal, and in any event within 72 hours offer death.		VAS DECEASED EV		RCES? ir or dates of service)	16b. SOCIAL SI	ECURITY NO.	17. INFORMANI Arthu	19.99	Narsh	lall.	CADDRESS S	anne	ant	3,
ed v in il Ex Il Ex		1B. CAUSE OF	DEATH (Enter anly	ane cause per	line for (o), (b),	, ond (c).)						BE	APPROXIMATE I	INTERVAL AND DEATH
ould be executed vord "pending" in the Chief Medical E ol-transit permit. Fony event within		PARI I. D	EATH WAS CAUSED IMMEDIATI	E CAUSE (a)	Acute h	nydroce	phalus					M	in	
exemple of the sent of the sen		240	9		R AS A CONSEQ				1					
d 'p d 'p Chie rans		rise to immedi					t of 3rd	ventr:	icle	0.46		u	nknow	vn
This certificate should be executed cate, writing the word "pending" is be forwarded to the Chief Medical be used as o buriol-transit permit.		stoting the un	derlying couse	DUE 10, 0	R AS A CONSEQ	UENCE OF								
te sho the w d to th o buri		_	IGNIEICANT CONDITI	(t)	TING TO DEATH	DIT NOT DEL	ITED TO THE TERMINAL	DISEASE OD	CONDITION	CIVEN IN DA	DT 1(a)			
is certificate ste, writing the forwarded to be used as o be removal, and		2(0X	IONITICALLY CONDITI	CONTRIBO	TINO TO DEATH	DOT NOT KEEP	TIED TO THE TERMINAL	DISEASE ON	CONDITION	OTATIA IIA LA	KI I(u)			
war war sed ovol	ATTON	19a. DATE OF O	PERATION			ON FOR WHICH	OPERATION		-			2	0. AUTOPSY?	?
his certif ate, writi e forwar be used	CERTIFICATION				WAS PER	RFORMED?							YES 🔀	NO 🗌
ER: This certificate, ould be fores.		210. EXTERNAL O	AUSE WAS CONTRIBUTING		F INJURY Month,	Doy, Yeor	21c. HOW INJURY C	OCCURRED (Er	nter noture	of injury in	Port 1 or Part	2, Item 1B.)		
INER: TI ne certifice should bu files. 3 should I	음	CAUSE OF DEATH	1	F	P.M.	19								
	W	21d. INJURY OCC		ACE OF INJURY ory, affice buildi	(At hame, farming, etc.)	, street,	21f. LOCATION Stree	et or R.F.D. Na		City or T	own	Coun	tγ	Stote
DEPUTY SICAL EXAM ressary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page				ak charge af	the remains	described a	bave, held an Aut	opsy 🔀	Inspe	ection 🔀	, Inquiry	x, 0	and in my	y apinian
			sulted fram:		uses 🔲			Hamicio			mined man			200
please et l directar. retained L DIRECTO			0		6	1/	СН	HEF MEDICAL	EXAMINER					
ITY, plerol of prior	17	SIGNATURE	Joseph	In	/10	MI	- m.D.	SSISTANT MED			22b. 🛭	ATE SIGNED		
Ssan une yy b NER th		EXAMINER'S	A	1		5.72		PUTY MEDICA			-	4-9-	-68	
	00-	NAME (Type)		noe MD_		erdale.	7.11	DDRESS(Street						
07 at 20 H	230.	BURIAL, CREMAT REMOVAL (Speci	E.) /	APRIL 19	168 AT	VAME OF CEME	TERY OR CREMATORY X/ XATION	ixi	23d. 10	OCATION (Ci	ry ar lown)	(County	(Sto	ote)
	24.	FUNERAL DIRECT		11 111111111111111111111111111111111111	THI COL	DDRESS	N IMION		D BY REGIST	TRAR	25b. REGISTR		JRE JRE	
VR A15ME (5) 10M REV. 1/68	1	w. Un	Cham.	(zen)	00 9	inson	dally	200 PR	11	1968	galio	reas 9	udge	
10111 KET. 1700	_			V		a wat h	7 1			1000	- 43	- 1		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1160	27			ERTIFIC	ATE OF DEATH				U	0032
	CEASED-NAME	Fir	st	Middle		Lost	20. D/	ATE OF DEATH	0	V	2b. HOUR
(1)	ype ar print)	JOHN	F	₹.	MCCAR	THY	APR	RIL MONEY	45	17961	B
3. SEX	X		4. RACE			5. DATE OF BIRTH		6. AGE (In year		IF UNDER 1 YEAR AONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	MALE		CAUCAS	SEAN		16 JUL 24		last birthday)	YRS.	NONINS DATS	nouks mik,
	IRTHPLACE (Sto	te or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUN	ITY OF DEATH			
caun	NEW	JERSEY	US		WIDOWED [ICE GEORGES			M
10. C	ITY OR TOWN C	F DEATH		AME OF HOSPITAL OR INS			UAL OCCUP	PATION (Kind of work	done	12b. KIND OF INDUSTRY	BUSINESS OR
	CAMP SP			MALCOLM (orking life, even if ret		INDUSTRI	
130.	USUAL RESIDEN	CE (Where dece	ased lived, if institu	tion: Residence before		l vrc [I	13e. STREET AND NUMB			
ugmi	ssion) STATE	N.J.	13b. COUNTY	HUDSON U	JERSEY	CITY YES	NO 🗌]	148 VIRGIN		VE.	
14. F	ATHER'S NAME	First	Middle	Lost	15	. MOTHER'S MAIDEN NAME	First	Mid	dle		Lost
U	nk.					Marion	E.	Parr			
	WAS DECEASED		RMED FORCES?	16b. SOCIAL SECURITY I		NFORMANT	D	Add			
	YES	WII)		138-24-475	55 P	ersonnel	Reco.	ras- USA.	F.	* ADDROV	IMATE INTERVAL
				ine for (a), (b), ond (c).	1	11.					ONSET AND GEATH
	PART I. C	EATH WAS CAU	SED BY: DIATE CAUSE (a)	# ear	1	Carline					195.00
	5 69	3	DUE TO, OR	AS A CONSEQUENCE OF	0	14/1		eteas			
		any, which gov diote cause (a		Smell 1	Dur	feelele !	Laan	ellar			
		nderlying cous		AS A CONSEQUENCE OF							
	lost.		(c)								
	PART 2. OTHE	R SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	RCONDITIO	N GIVEN IN PART 1(0)			
NC	570)								N1100 60	Notarana in c	PRINCE
IFICATION	19o. DATE OF O	PERATION 1	b. Condition for w	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		20b. IF YES, WERE FIND CAUSES OF DEATH?	DINGS CO	NSIDERED IN C	ERTIFYING
~						YES NO				101	
	21g. ACCIDENT	I WAS UNDERL				OW INJURY OCCURRED (En	nter noture	at injury in Port 1 ar I	Port 2, It	em 18.)	
MEDICAL	(If either, nati	fy medical exa	miner) P.M.	1	9						4
×	21d. INJURY (CCURRED 2	1e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	TORY.) 21f. LC	OCATION Street or R.F.D.	Ng.	City or Town		County	Stote
	While No	work							10		. (1) () 1
	22a. I cert	ify that (1):	(this haspital) at	tended the deceas	ed fram	Mar., 19 d that in (my) (our) a	68.	to 15 App	_, 19_	68, tha	t (1) (we) la
	saw 1	ne deceased s stated abo	alive an July	(did nat) view the	body after	a mai m (ng) (oor) a death.	apinian a	learn occurred on	ille dai	e ana naoi	ana mani in
	22b. SIGNATUR		1 + 1	111 -11.	10				22c. D	ATE SIGNED	
		Kot	Hert to	Milall	DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.			
	22d. PHYSICIA					22e. ADDRESS					
	NAME (Ty	(pe) ROBI	ERT L MI	TCHELL C	APT US	SAF MALCOL	M GR	ROW USAF	HOS	PANDR	EWS
230.	BURIAL, CREMA	ATION, 23	b. DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d.	LOCATION (City or Tow	,	(County)	(Stote)
F	REMOVAL (Spe	cify)	+/18/68	St.E	lizab	eth's Cem.	1 120	Goshen,	New	Jers	еу
	FUNERAL DIREC	TOR		ADDRESS		2So. REC'E	D BY REGIS	TRAR 2Sb. REGI	STRARIS 9	SIGNATURE	udel
	Falls	Chur	ch Funer	al Home,	Falls	. Ch . VA DATE A	APR I	8 1968	and a	- Los	0

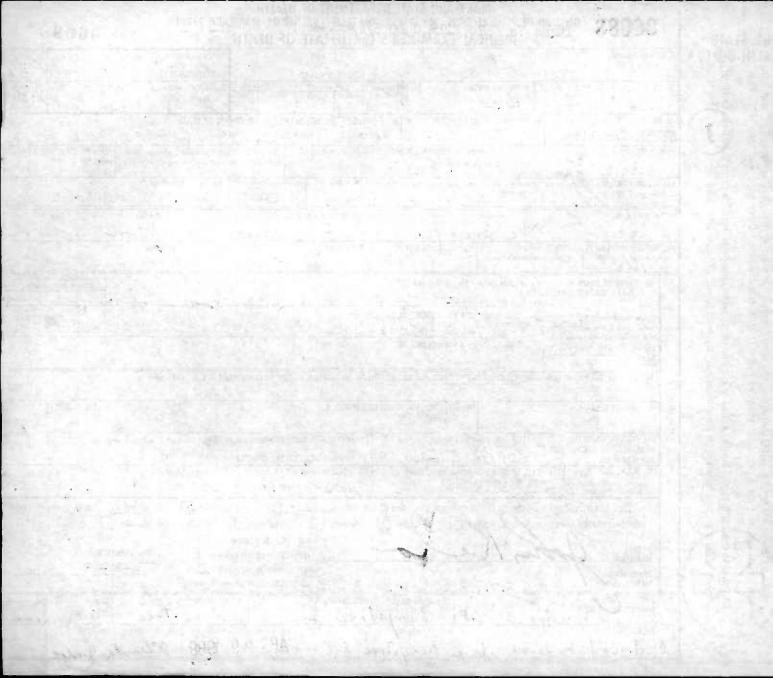
VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospitol or attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detoched for use as the burial-tronsit permit. Then pleose remove carban papers. Pages and a should be filed with the Stote Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours after depth.

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DLYISION OF VITAL RECORDS 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36093 DICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First 2a. DATE KNOWN Year (Type or Print) OF ESTI-Page and 3 to Eddie Mc Creav DEATH MATED 196 ny deloy 4. RACE AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SFX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR P.M.3. last birthday) SHIDH 1968 malle. Negro 9-30-33 n re Depar 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH olong with form Item 18. Give Pages 1, South Carolina TISA WIDOWED [DIVORCED | Prince George's 10. CITY OR TOWN OF DEATH after deoth 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY lond 2 with the Beltsvill 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admission) STATE 308 N. Gilmore Street YES NO hours Office (ofter 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Last ne Au = Examiner's poges hours 16g WAS DECEASED EVER IN U.S. pencil 16h SOCIA SECURITY NO 17 INFORMANI (Yes, na, or unknown) (If yes give war ar dates of service) File ⊆ within APPROXIMATE INTERVAL be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. I Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Hemorrhagic shock DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave Total injuries seconds rise ta immediate cause (a). This certificate should the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause should be forwarded to the __ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 00 remaval be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [NO X OL 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY Manth, Day, Year O FUNERAL DIRECTOR: Poge 3 should MEDICAL PRIMARY X OR CONTRIBUTING HOUR A.M. cremotian, DICAL EXAMINER: 3.M. pm 4-2619 pedestrian struck by train CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory affice building, etc.)
railroad tracks WHILE AT WORK AT WORK Odell Crossing Beltsville P.G. Md. burial. far 220. I certify that I took charge of the remains described obove, held on Autopsy . Inspection X. Inquiry X and in my opinion the funeral director. deoth resulted from: cident X Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health Mov **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) Riverdale, Maryland 23a. BURIAL, CR 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 2Sb. REGISTRAR'S SIGNATUR 2Sa. REC'D BY REGISTRAR Acharles Ja VR A15ME (5)



iny delay is

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm files.

necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate shauld be executed within 24 haurs after death

DICAL EXAMINER:

TO DEPUTY

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State D Health priar to burial, cremation, or remaval, and in any event within 72 hours after death. 5 may be retained far your

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

111			MEDICAL	L EXAMINER'S	CER	TIFICATE	OF DE	ATH				061	394
	ECEASED-NAME	First		Middle		Last			20. DATE KI	NOWN M	onth Day	Year	2b. HOUR
1	Type ar Print)	Davi	ď	William	1	McGaha			OF DEATH N	ESTI-	4-17-	68 193	:20pm
3. 5	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In)	rears	IF UNDER 1 YEAR	IF UNDER	-	2c. DATE PR	ONOUNCED DEA			2d. HOUR
Ma	ale	White	4-22-192	last birthd	YRS. MC	ONTHS DAYS	HOURS	MIN.	Month	Day	6	Year 19 3	: 200mM
70.	BIRTHPLACE (Stot	e or foreign C.76	. CITIZEN OF WHAT	COUNTRY? 8.	_	D NEVER MA	ARRIED	9. COU	NTY OF DEAT	TH			IOO DIII
caur	otry) Wasl	nington	U.S. A	Λ Ι	WIDOWE	D DIV	ORCED	Pr-	ince G	eorge 1	S		M
10. 0	ITY OR TOWN O	F DEATH		OF HOSPITAL OR INSTITU	JTION (If	nat in hospita		ISUAL OC	CUPATION (K	nd of work d	ane 12b.		
CI	neverly		give stree	et address) ace George	Gen.	Hosn.	duri] 0	feeth	arrivelite	, even if retire	ed.)	as Sta	tion
130.	USUAL RESIDEN	CE (Where deceoses	lived, if institution	n: Residence befare 13c.	CITY OR	TOWN	3d. INSIDE CITY L		13e. STREET	AND NUMBER			
9	dmission) STATI		Prince Ge	orge Tux	edo		YES 🖰 N	10 🔲	2404	59th.	Aven	ue	
	ATHER'S NAME	First	Middle	Last		. MOTHER'S MA	IDEN NAME	First		Middle		las	t2
		David		McGaha			Ethel			G.	Hacl		
		VER IN U.S. ARMED FO		b. SOCIAL SECURITY NO.	17. 1	NFORMANT				Emers			
()	es, ne or unknov Yes	vn) (If you Wind W	or dates of service) 57	78 18 7962	В	eulah :	McGa.	ha	Hyat	tsville	, Mo	1.	
	1B. CAUSE OF	DEATH (Enter anly	ane cause per line f	for (a), (b), and (c).)								APPROXIMATE BETWEEN ONSE	
				eration of	bra	in						DETWEEN ONSE	TAND DEATH
	880	X	DUE TO, OR AS	A CONSEQUENCE OF S	kull	fract	ure			12 EU	1		
		any, which gave	(b)										
		diate cause (a), (A CONSEQUENCE OF						Marie III			
	lost.)	(4)										
	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NOT RELA	ATED TO	THE TERMINAL	DISEASE OR C	CONDITIO	N GIVEN IN P	ART 1(a)			
7	9005												
MEDICAL CERTIFICATION	190. DATE OF C	PERATION	196	. CONDITION FOR WHICH	OPERAT	ION						20. AUTOPS	Υ?
F				WAS PERFORMED?							37.5%	YES 🔲	NO 🔯
E	21o. EXTERNAL			JRY Manth, Day, Year	21c.	HOW INJURY O	CCURRED (En	ter natu	re of injury in	Part 1 or Par	t 2, Item 18	3.)	2. 8.
ICAL	CAUSE OF DEAT	OR CONTRIBUTING	9 : 30 mm	4-13- 19 68	Fe	ell dow	n ster	os a	nd hit	head			
MEC	21d. INJURY OC	CURRED 21e. PL	ACE OF INJURY (At h	ame, farm, street,	21f. L	OCATION Stree	t ar R.F.D. Na.		City or	Tawn		unty	State
	AT WORK	OF WHILE Ch	ary, affice building, e	renue. Che	verl	v. Pri	nce Ge	eorg	e Coun	tv. Ma	rylan	d	
	22a. I	certify that I tag	ok charge of the r	remains described a	hove. h	eld an Aut	ansv 🗔	lns	nection [X	, Inquir	v Kl.	ond in m	ny opinian
				Accident Z								0110 111 11	,, 0,,,,,
117				To	۱, م		IEF MEDICAL			Timilod Tiral			
	ACTUAL	11	Han	1) 2 %	-0	/	SISTANT MEDICAL			22b.	DATE SIGNE	D	
	SIGNATURE _ EXAMINER'S	1	PUT)	1		141.17.	PUTY MEDICA				4-18	-68	
	NAME (Type)	John Keh	oe MD	Riverdale,	Md.				wn, ar caunty)		36	
	BURIAL, CREMA	TION, 23b. D		23c. NAME OF CEMI Ft. Li	ETERY OR	CREMATORY			LOCATION (Colmar	ity or Town) Mano	r P.	G.	State) Md.
24.	FUNERAL DIRECT	TOR		. ADDRESS			2So. REC'E	D BY REG	SISTRAR	2Sb. REGISTE	RAR'S SIGNA	TURE	
	Franci	s Gasch'	s Sons H	Hyattsville,	, Mo	d.	DATE	חם מם	1 191	8 00	learl	es Jus	age.

VR A15ME (5) 10M REV. 1/68

HOLD STATE OF THE 102 53 .5 1125 5 4 5 6 2 Nos estates de la contraction . 1. 5 evalue casuate Roman yaway 113, 144.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

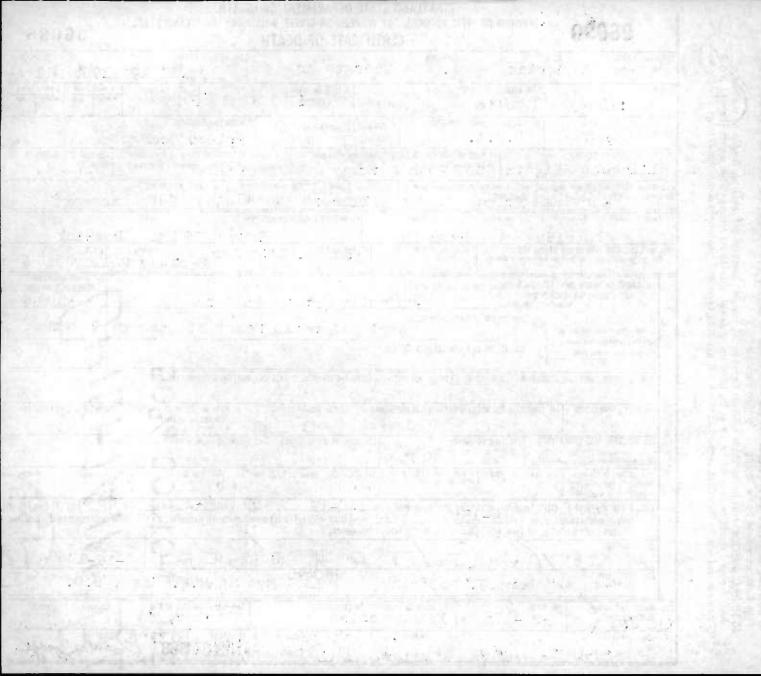
AF . 23

1968

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CERTIFICATE OF DEATH 2a. DATE OF DEATH 2b. HOUR Middle Lost 1. DECEASED-NAME The law requires that the death certificate be executed within 24 haurs after death. McGrath Sr Frederick (Type or print) ADMenta 1 Pay 19'68 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS April 10th 1880 lost birthdoy) Male White 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) England completely filled in ove carban papers. U.S.A. Prince George WIDOWED [DIVORCED [12a. USUAL OCCUPATION (Kind af wark done and in any event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) Hillcrest Heights give treet address th Printer 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN-1921 38. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATEMaryland 13 COUNTY Ce Hillcrest YES George 003 28th Parkway Middle 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First physician and Beswick McGrath Marv Ellen Patrick Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 28th Yes, na. ar unknawn) Parkway Hi crest burial-transit permit. Then pl burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Conjestive Heart Failure months IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 2 years Arteriosclerotic Heart Disease Conditions, if any, which gave: rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO X O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Tawn County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 10-12, 1959, ta 4-19th, 1958, that (I) (we) last saw the deceased alive an 4-15th, 1960, and that in (my) (aur) apinian death accurred an the date and hour and from the director, page 3 shauld causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 4-19-1968 DEGREE PHYS. 22d. PHYSICIAN'S Eye St N.W. Wash, D.C. Robert J. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Clinton, Md 23a. BURIAL, CREMATION (County) (State) 23b. DATE Resurrection 4-22-1968 REMOVAL (Specify) 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles

30M REV. 1/68



06091

MARYLAND STATE DEPARTMENT OF HEALTH

-	00002	DIVISION OF VII		CERTIFICA			IUKE, MAK	YLAND 21201	0	6696
	CEASED-NAME First (CRA)		Middle Smith	Mo	Lost	9	20. DATE OF APRIL	DEATH // Dow	1965eor	2b. HOUR 9:30A
3. SI	MALE	4. RACE White	0		5. DATE OF BIR		909	6. AGE (In years lost birthdoy) YRS.	IF UNDER 1 YEAR MONTHS DAY	
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10. (Ollege PAR	qive street	OF HOSPITAL OR INS toddress)		in hospitol sucher D	during mos		Kind of work done fe, even if retired.)	12b. KIND (INDUSTRY	OF BUSINESS OR
13o. odm	USUAL RESIDENCE (Where decedes ssion) STATE	ised lived, if institution:	Residence before	13c. CITY OR T	/ 4	yes NO [EET AND NUMBER	cher	Dr.
14.	ATHER'S NAME First First	Middle GORPE	McKe	ee		DEN NAME Firs	24	Middle ZoNe	Sal	ish
	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (If yes give	MED FORCES? 16b war or dates of service)	206-05		FORMANT (W/F	e) Nina	a L. Me		lege Pa	
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A (c) DUE TO, OR AS A (c)	CONSEQUENCE OF	tatic 1cho go	Be	CARO	Tum	14		OXIMATE INTERVAL N ONSET AND DEATH NOTE TO THE STREET
ATION	PART 2. OTHER SIGNIFICANT CO	. CONDITION FOR WHICH (OPERATION WAS PE		THE TERMINAL		20b. IF	YES, WERE FINDINGS	CONSIDERED IN	CERTIFYING
MEDICAL CERTIFICATION	2//5/68 210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (Ilf either, notify medicol exont	NG 21b. TIME OF INJ ATH HOUR A.M. M	URY Lonth Doy Yeor		YES T	JRRED (Enter r		OF DEATH? y in Port 1 or Port 2,	Item 18.)	
MED	21d. INJURY OCCURRED 21d While Not while of work	e. PLACE OF INJURY (AT I	OME, FARM, STREET, FA CE BUILDING, ETC.	(TORY,) 21f. LOC)			or Town	County	Stote
	22a. I certify that (I) (t sow the deceased causes stated abov	his haspital) attend alive on		1968, and	that in (my	/) (o w/) opin	o_, ta ion deoth o	ccurred on the d	ote ond hou	of (I) (395) Ia ur and from th
	22b. SIGNATURE	J. Fasi	ter m	O. DEGRE	11113.	DIR	D. ECTOR	STAFF PHYS. \Box 22c.	DATE SIGNED	
	22d. PHYSICIAN'S NAME (Type)	T	Frstp	0	22e. ADDR		1.54	NW		

NAME OF CEMETERY OR CREMATORY Liona

Fairfax, Va. 22030

23d.

REGISTRAR

2So. REC'D BY

LOCATION (City or Town)

(Stote)

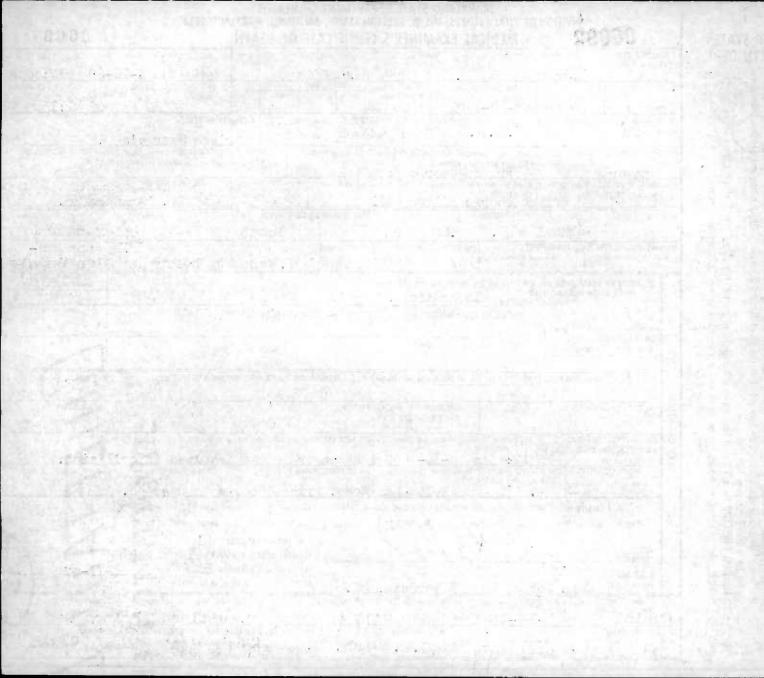
(County)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pleashauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours. VR A15 (4) 30M REV. 1/68

230 BURIAL CREMATION REMOVAL (Specify)

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

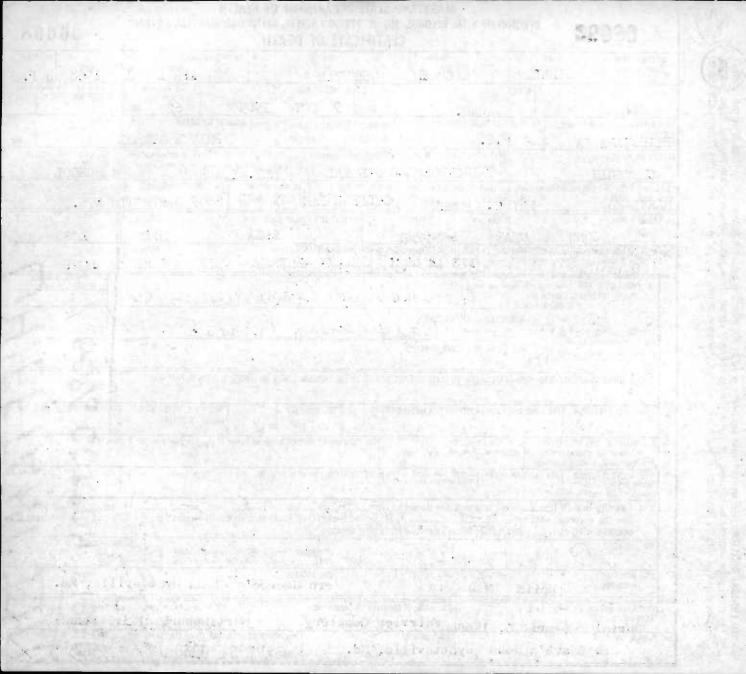
000	C) 4/11		CI	ERIIFI	CATE OF DI	EATH			0 (.000
1. DECEASED-NAME	First		Middle		Lost	2	O. DATE OF DEATH			2b. HOUR
(Type or print)	WILLIA	M I	RICHARD	ME	ENTZER		APRIL	Doy	1968), P. M
3. SEX	4.	RACE			S. DATE OF BIRTH		6. AGE (In	yeors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
MALE		CAT	J.		9 OCT	1905	lost birtho	YRS.	ONTHS DAYS	HOURS MIN.
7o. BIRTHPLACE (Stote	or foreign 7b. C	ITIZEN OF WHAT		B. MARRIEI	D A NEVER MARRIE	9. 0	COUNTY OF DEATH			
PENNSYLVA	AIN	U.S.	STEEL BOOK	WIDOWEI			PRINCE G	EORGE		Md
10. CITY OR TOWN OF CHEVERL	DEATH		OF HOSPITAL OR INSTI		not in hospitol IERAL	120. USUAL O	OCCUPATION (Kind of wo of working life, even if TEACHER	ork done retired.)	12b. KIND OF E	BUSINESS OR
130. USUAL RESIDENCE admission). STATE MARY LAND		b. COUNTY	Residence before			INSIDE CITY LIMITS?	? 13e. STREET AND NU	IMBER	H AVE.	
14. FATHER'S NAME	First	Middle	Lost		15. MOTHER'S MAIDE	N NAME First		Middle		Lost
	JOHN (DLAN	MENTZER			ELLA	M	AE	LOS	S
160. WAS DECEASED EV	(ER IN U.S. ARMED FO		b. SOCIAL SECURITY NO		. INFORMANT			Address		
Yes, no or unknown	(II yes give war or ad	1	73 14 092	1	HELEN MEN	ITZER	WIFE S.	AME AS	3 ABOVE	ATE INTERVAL
Conditions, if ony rise to im medio stoting the undulast. PART 2. OTHER S 190. DATE OF OPER 210. ACCIDENT W	y, which gove te couse (o), erlying couse IGNIFICANT CONDITIO	(c)NS CONTRIBUTING	CONSEQUENCE OF CONSEQUENCE OF TO DEATH BUT NOT OPERATION WAS PERF	RELATED	TO THE TERMINAL DI	SEASE OR CONE	eas I	0)	NSIDERED IN CEI	RTIFYING
STIFF					YES 🔲	NO 🗸	CAUSES OF DEATH?		100	
₹ □ OR CONTRIBUTING	CAUSE OF DEATH medicol exominer)	P.M.	Month Doy Year				ture of injury in Port 1 d	or Port 2, Ite	em 18.) County	Stote
While Not w	ork		HOME, FARM, STREET, FACTO FICE BUILDING, ETC.				City of Town		-	910.0
saw the	thot (I) (this ho deceased alive (tated above, (I)	on (/-	1 19	(34,0	nd that in (my)	, 19 <u>/2%</u> (our) opińio	n death occurred o	, 19 n the dote	e ond hour o	(I) (we) last and from the
22b. SIGNATURE	a Re	etz	lup	DE	GREE PHYS.		CTOR STAFF C	22c. DA	ATE SIGNED	8
22d. PHYSICIAN'S NAME (Type		z MD			Pro G	eorge's	s Plaza Hya	ttsvi	lle, Md	
23o. BURIAL, CREMATION REMOVAL (Specify	1	5, 196	23c. NAME OF CE 8 Fairvi		or crematory emetery	M	3d. LOCATION (City or To			(Stote)

F. Gasch's Sons Hyattsville, Md.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fu director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 125 CERTIFICATE OF DEATH Items 7a & 7b Film G399 h 2b. HOUR A DECEASED-NAME Middle last 2a. DATE OF DEATH First (Type or print) Month 17, Day 1968 ar Edith E. Messier April 10:10M IF UNDER 1 YEAR IF LINDER 24 HRS. 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years PHYSICIAN: The low requires that the death certificate be executed within 24 hours after last birthday) July 19, 1913 Female Caucasian physician and completely filled in by 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIEDX NEVER MARRIED North Carolina ottending physician one wings..., permit. Then please remove corbon papers. DIVORCED Prince Georges WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress)
Prince Geo.Gen'l Hospital **INDUSTRY** Cheverly 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Prince 3113 75th Avenue Landover Georges Middle 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Lost First MARSHALL WILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT. MESSIER Yes, na pruaknown) (If yes give war or dates of service) OUIS cremation, or removal, 24418636 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave signed by the burial-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the hospitol or attending as the FUNERAL DIRECTOR: After this certificate has been 190 DATE OF OPERATION 20n AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYIN 196 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES XX NO T for use detoched for use te Dept. of Heolth 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark at wark 17, 19 68 , that (1) 220. I certify that (I) (I) (II) ottended the deceased from 1963 to April sow the deceased alive on April 17 1968, and that in (my) (sux) opinion death occurred on the date and hour and from the should couses stated above, (1) (WE) (did) The view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. April 17, 1968 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Peter Duus, M. D. 6050 Central Avenue, Capital Hghts, Maryland 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE (County) BALTIMORE 0 24. FUNERAL DIRECTOR DEIN STNW DATE APR 30M REV. 1/68

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T.V. Comments			
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necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PMS. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages land 2 with the State Department of Health prior to burial, cremation, ar removal, and in ony event within 72 hours ofter death.

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DICAL EXAMINER: This certificate should be executed within 24 hours ofter death.

TO DEPUTY

06095

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06100

(Type or Print)	First	Midd	lle	Lost				Doy Yeor 2b. HOUR
(Type of Film)	Josephine	Willia	ams	Mine	r	9	OF ESTI- DEATH MATED 14-2-6	68 19:00pm M
3. SEX		ATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNCER		2c. DATE PRONOUNCED DEAD	2d. HOUR
Female	Negro 2	-25-1903	lost birthday)	MONTHS DAYS	HOURS	MIN.	Month Day	68 19 9:30pm M
To BIRTHPLACE (St	ote or foreign 75 CITIZ	EN OF WHAT COUNTRY?	1	ARRIED NEVER	AARRIED 🗆	9 COU	NTY OF DEATH	OO 17 7 DO DILL M
country) Gear	enia 1	15 B			VORCED			44.
ID. CITY OR TOWN		11 NAME OF HOSPITA	1			ISHAL OC	cupation (Kind of work done	12b. KIND OF BUSINESS OR
Cheve		give street oddress) Brince Georg			during	a most of		INDUSTRY
130. USUAL RESIDI	ENCE (Where deceosed lived	l, if institution: Residence	before 13c. CIT	Y OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER	
odmission) STA	nd Pri	COUNTY George 1:	Beav	er Heigh	tsYES 🗆	NO 🔲	1517 49th, Ave	enue
14. FATHER'S NAME		Middle	Lost	15. MOTHER'S M	AIDEN NAME	First	Middle	Lost
And	11/1/1/1	7m5		Hon	in A	Rona	15	
	EVER IN U.S. ARMED FORCES?	16b. SOCIAL SEC	URITY NO.	17. INFORMANT			ADDRESS	
(Yes, no, or unkn	OWN) (If yes give war or date			Charlie	Min	on	1517 49th	Ave
110 0000	OF DEATH (F-)	1	1/3)	CALIFALIC	11111		19/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	APPROXIMATE INTERVAL
	OF DEATH (Enter only one co DEATH WAS CAUSED BY:							BETWEEN ONSET AND DEATH
1111	IMMEDIATE CAUS	E (o) Heart fa						minutes
410	DI	UE TO, OR AS A CONSEQUE	NCE OF AT	terioscle	erotic	hea	rt disease	unknown
	fony, which gove ediate cause (o),	(b)						
	underlying couse D	UE TO, OR AS A CONSEQUE	NCE OF					Analogy gates
last. 4	200	(c)						ALCOHAL AND
PART 2. OTHE	R SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	DISEASE OR	CONDITIO	N GIVEN IN PART 1(o)	
z Dia	abetes - over	2 vears						
190. DATE OF		19b. CONDITION	FOR WHICH OF	PERATION				20. AUTOPSY?
25		WAS PERFO	ORMED?					YES NO 🔀
190. DATE OF	L CAUSE WAS 211	b. TIME OF INJURY Month, D	ov. Yeor	21c. HOW INJURY	OCCURRED (F	nter notur	re of injury in Port 1 or Port 2, Ite	
	OR CONTRIBUTING	HOUR A.M.	64	4	(2.		2, 110	, ros
PRIMARY CAUSE OF DE		P.M. INJURY (At home, form, s	19	21f. LOCATION Stre	ot or D E D No		City or Town	County Stote
- Liai insolii i	210112	ice building, etc.)	illeet,	ZII. LOCATION STR	el ULK.P.D. NO).	city of Town	County Stote
WHILE AT WORK				4				
22a.	I certify that I taak cho	arge of the remains of	cribed abay	ve, held an Au	tapsy,	Ins	pectian X, Inquiry X	, and in my apinian
death	resulted fram: Nat	Gral causes [30], A	cident	Suicide ,	Hamicio	de 🗍	Undetermined manner	
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ACTUAL	MAN	1/100	1		SSISTANT MED			SIGNED
		11			EPUTY MEDIC			-3-68
NAME (Type		MD River	dolo M	. A			wn, or county)	
230 BURIAN CREA	MATION / 23b DATE	23c NA		Y OR CREMATORY				(County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERT DECEASED-NAME 2a. DATE KNOWN Manth 2b._HOUR (Type or Print) OF ESTI-Wesley , defay is and 3 to Page Warner Moore 1968 af DEATH MATED IF UNDER 1 YEAR with the State Department 4. RACE 6. AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HQUR S. DATE OF BIRTH P.M3. last birthday) Yeor white 7-9-39 28 male 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH farm WIDOWED [DIVORCED [7] Prince George's Georgia Give Pages 12a, USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR alang with give street oddress) th Court INDUSTRY during most of working life, even if retired.) Riverdale ARIT 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN death. 13b. COUNTY pencil in Item 18. Riverdale YES X NO 67th Court l and 2 ofter 15. MOTHER'S MAIDEN NAME First Manchier Middle 14. FATHER'S NAME Harriet Shepphard Edenfield William W. Moore haurs ADDRESS 6277 67th Ct. 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) 407-48-5541 Mrs. Margaret Moore Riverdale NA/ethám File . = 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) within be executed BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Asphyxiation DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave (b) Hanging rise to immediate cause (a), writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse shauld be farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as remaval 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO X please execute the certificate, burial, crematian, ar 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld MEDICAL PRIMARY X OR CONTRIBUTING .2:00.mpm 4-12 1968 hung self in bathroom CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page NOT WHILE 67th Court. Riverdale. P.G. Md. for 22a. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection X. Inquiry X and in my apinian Accident/ Hamicide [Undetermined manner retained death resulted fram: Natural causes Suicide TT. CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 1-73-68 **EXAMINER'S** Health Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county) NAME (Type) 50 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Ft. Lincoln Crematory Bladensburg
ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG 25b. REGISTRAR'S SIGNATURE DATE APR 1 8 1968 Policy Judge W. W. CHAMBERS CO., Riverdale, Md. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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Spenditon Mortil 16, 1968 Pt. Identila Constanty Electricity, Md.

A. W. GHARRARY CO., Blue dale, Ed. . . APR 1 & RES . . . Days

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06098 36103 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a. DATE OF DEATH 2b HOUR First deeth (Type or print) Month 2.00MM April 68 Mullican Helen filled in by the function popers. Pages 1 of thin 72 hours after d 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) HOURS low requires that the death certificate be executed within 24 hours an White 13 Dec., 1926 Female 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Colorado the ottending physician ond completely filled in sit permit. Then please remove corban popers. WIDOWED | DIVORCED | ILS.A. Prince Georges 12g. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) **INDUSTRY** event, with Prince Georges General Hospital Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY admission) STATE YES NO T 12422 Starlight Lane Geo Bowie Maryland 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Newel L. Bowman Marguerite Steadman Husband 16g WAS DECEASED EVER IN ILS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Same as Item 13. Yes pa ar unknawn) (If yes give war or dates of service) Edward C. Mullican APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) __ 10 cremation, DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if ony, which gave t rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO TX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that \$\psi(\text{this hospitol}) oftended the deceased fram April 4, 19.68, to April 9, 1968, that (*) (we) last saw the deceased alive an April 9, 19.68, and that in \$\psi(\psi)\$ (aur) opinion death occurred an the date and haur ond from the causes stoted above, (*) (we) (did) (\$\psi(\psi)\$ (we) tiew the body after death. O FUNERAL DIRECTOR: After be retained 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Georges General Hospital, Cheverly Bahram Bharami, M. D. director, should b

23c. NAME OF CEMETERY OR CREMATORY

Parklawn Cemetery

(County) Margintand

Cliarles Judg

23d. LOCATION (City or Town)

2Sa. REC'D BY REGISTRAR

Rockville, Maryland

25b. REGISTRAR'S SIGNATURE

VR A15 (4) > 30M REV. 1/68

23o. BURIAL, CREMATION

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE

4-12-68

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The law ages				10.5	allers.
Pa Printe Georgia					
Ph. Jed.	crost linear				
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	TAN SE		**	Carlo S	119 64.3

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

06104

60	2000	,	MEDIC	AL EXAN	AINER'S	CERTIFICAT	E OF DE	ATH				OLUE
1. DECEASE		First		Mid	dle	Lost			20. DATE KNOWN	Month	Doy Yeo	or 2b. HOUR
(Type a	ir Print)	John	T	homas		Murphy	Jr.		OF ESTI- DEATH MATED	Dx 4-3	30-68 19	9 4:20pm
3. SEX		4. RACE	S. DATE OF BIRT	TH .	6. AGE (In year lost birthday)	MONTHS DAY	11 001000	24 HRS.	2c. DATE PRONOUN		v	2d. HOUR
Mal		White	16 Dec.	1955	70	RS. MONTHS	i Hooks	min.	Month	30°4	68ear 19	4:80pm M
7a. BIRTHP	PLACE (State	ar fareign 75	. CITIZEN OF WHA	T COUNTRY?	8. 1	MARRIED NEVER	MARRIED 🔀	9. COU	NTY OF DEATH	1000	19 5	
country)	ashin	gton, D.	C. U.	S. A.			IVORCED	Pri	nce Geor	ge 's		Mo
E	r town of iverd					ION (If not in hosp Hospital			CUPATION (Kind of working life, ever		12b. KIND OF INDUSTRY	BUSINESS OR
13a. USUA	L RESIDENC	E (Where deceased	d lived, if institut	ion: Residence	e befare 13c. Cl	ITY OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND N	IUMBER		000000
Mary	land	Pr	LICE GO	rge's	Colle	ge Park	YES X I	NO 🔲	5037 La	guna F	Road	
14. FATHER		First AS 1	Middle	y SR	Lost	15. MOTHER'S	ABET	H	BUR	Middle NET7		Last
16a. WAS D		ER IN U.S. ARMED FO	RCES? or ar dates of service)	66. SOCIAL SE		17. INFORMANT	nas Mu	RAHY	ADD ADD	SAME	AS X	±13
18.	CAUSE OF PART I. D	DEATH (Enter only EATH WAS CAUSED	one couse per lin BY: I E CAUSE (a)	e for (o), (b),	ond (c).)						APPROX	ONSET AND DEATH
0	716	IMMEDIATI	CAUSE (a)	AS A CONSEQU	ENCE OF T.	rauma						
		ny, which gove		no n consequ	LIVEL OI	2 00 031000					1000	
		ote couse (o), derlying couse	DUE TO, OR	AS A CONSEQU	ENCE OF							
last.	ang mie um	derrying coose	(c)								1000	
PART	2. OTHER S	IGNIFICANT CONDIT	ONS CONTRIBUTIN	NG TO DEATH I	BUT NOT RELAT	ED TO THE TERMINA	L DISEASE OR	CONDITION	N GIVEN IN PART 1	(0)		
29	103											
19a. 21a.	DATE OF O	PERATION			N FOR WHICH (OPERATION					20. AUT	OPSY?
E E				WAS PERI	ORMED?						YES	□ NO 🔀
₩ 21a.	EXTERNAL C		21b. TIME OF I		Day, Year	21c. HOW INJURY	OCCURRED (Er	nter noture	e of injury in Port	1 or Port 2, I	tem 18.)	
PRIM CAU 21d.	ISE OF DEATI	CONTRIBUTING [4:20 pm	4-30-	. 1968	Struck 1	by cind	der b	olock wal	l which	ch coll	apsed.
	INJURY OCC	URRED 21e. PL	ACE OF INJURY (A	t hame, farm,	street,	21f. LOCATION Str	eet ar R.F.D. No		City or Town		County	Stote
WF V TA	WORK A	T WHILE Con	structio	n site	, 9801	R. I. A	ve., Co	olleg	ge Park,	Maryla	and	A
4000	220. 1	certify that I to	ok chorge of th	e remoins d	lescribed abo	ove, held an A	utopsy ,	Inst	pection X,	Inquiry [2	, and ir	n my opinion
	death res	sulted fram:	Natural cous	es D, A	ccident 🗵	, Suicide 🗌	, Hamicio	de 🔲,	Undetermine	d manner		
8400	1.540	/	1	10	1/	0	CHIEF MEDICAL	EXAMINE	R 🔲			
	TUAL NATURE		The	1/2	ho	M.D.	ASSISTANT MED	CAL EXAM	MINER	22b. DATE		
	AMINER'S			1 (1 27		DEPUTY MEDICA			5-	1-68	
	ME (Type)		Olioo IID		verdale		ADDRESS(Street					
	IAL, CREMAT OVAL (Speci R/AZ	10N, 23b. (c)	X 4, 196	8 W	T. OLIV		STERY	W	LOCATION (City of		(County)	(Stote)
24. FUNER	RAL DIRECTO	HAMBER	S 60 7	RUERD	ADDRESS M	ARYLAND	2Sa. BEC'I	D BY REG	7 196	BREGISTRAD'S	SIGNATURE	Judge

VR A15ME (5) 10M REV. 1/68

TO DEPUTY

O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Health prior to burial, cremotion, or removal, ond in any event within 72 hours after death,

THE REPORT OF THE PARTY OF THE CONTRACTOR CONTRACTOR OF A SECRETARION O The state of the s A SA ESPANIE DE SA PERE A CAMPETORINE DE ESPANA Programma and historic sin A CARLO AND THE STATE OF THE ST . C. E. Mario Mario Williams Van Erichmen E. San X. C.

Ft. Lincoln Cemetery

2So. REC'D BY REGISTRAR

Month :100am 2d. HOUR 193: QOam M 12b. KIND OF BUSINESS OR 5013 26th. Avenue 20. AUTOPSY? YES NO County ond in my opinion Undetermined manner 22b. DATE SIGNED 23d. LOCATION (City or Town) (County) Prince Georges, Maryland Charles Judge.

36105

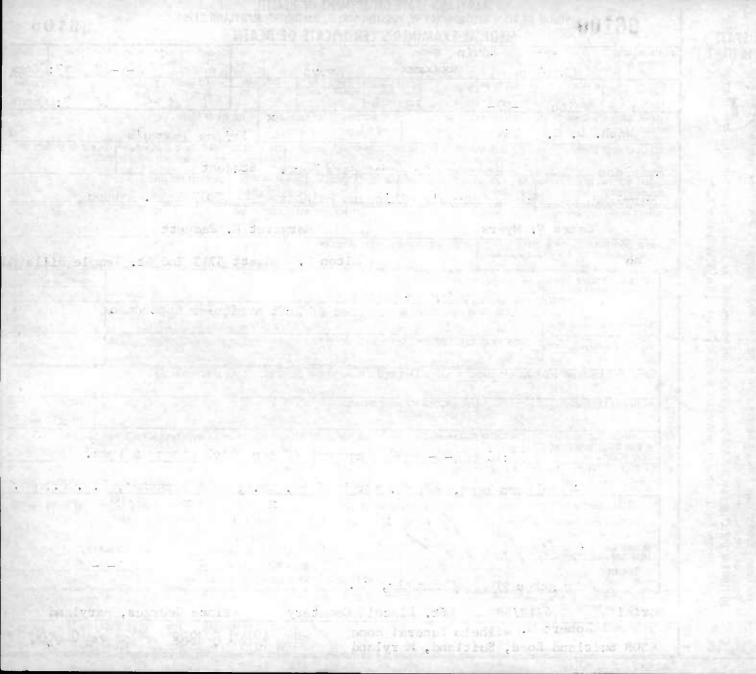
VR A15ME IS

BUREMOVAL (Specify)

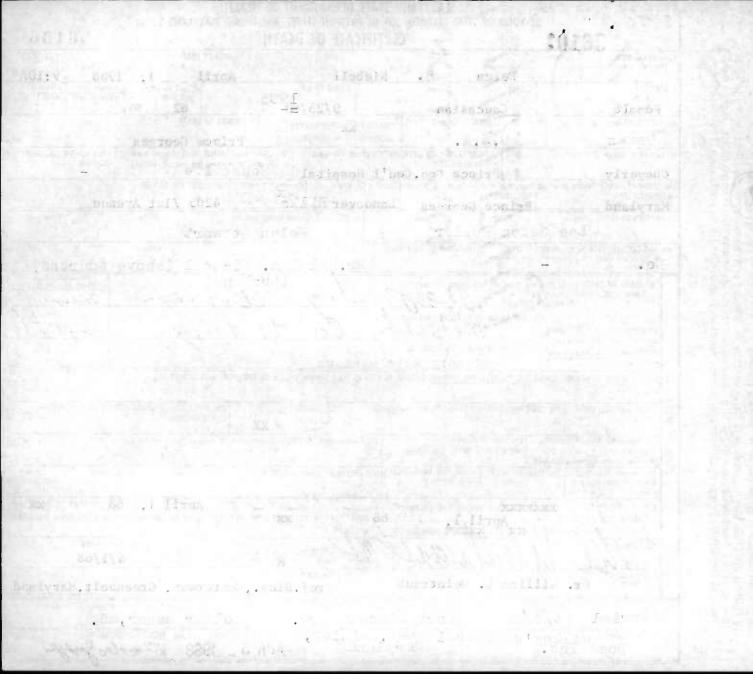
4/12/68

24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home

4308 Suitland Road, Suitland, Maryland



H	ts	m 18 film 399 5-68 mt DIVISION		D STATE DEPART		LTH RE, MARYLAND 21201	
		06101		CERTIFICATE OF		RE, MARIDAND 21201	06106
Ī		EASED-NAME First pe ar print)	Middle len S.	lost		. DATE OF DEATH Month De	
3	3. SE)		len S.	Niebell S. DATE OF	- INTII	April 1.	1968 9:10 A
	.]		aucasian	9/25	1905 5/ E 3-	lost birthday) 62 YRS.	MONTHS DAYS HOURS M
7	o. B	n:1	of what country?	MARRIED X KNEVER MA	ARRIED 7. CO	rince Georges	
- 1	0 (1	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital	120 USUAL OC	CUPATION (Kind of work dane working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
1	C	neverly ISUAL RESIDENCE (Where deceosed lived, if in	Prince Geo. G	en'l Hospita	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	-
a	idmis M	sion) STATE 13b. COU	NTY Ce Georges	Landover Hi		4205 71st A	venue
		THER'S NAME First Mid	dle Lost		MAIDEN NAME First	Middle	Last
L		Lee Oston			Helen St		
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY		mla A NTS	Address	
F		8. CAUSE OF DEATH (Enter only one couse	- 8 . 1 - (2 (1) - 4 (2)		(Husba	lebell (abov	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED BY:	11.1 01	Pirator	7	west	BETWEEN ONSET AND DEATH
١		1991 IMMEDIATE CAUSE (o)	OR AS A CONSEQUENCE OF	1		1	1
		Conditions, if ony, which gave)	Metast	atri Cer	to	Luga	mont
١		normy me onderlying coose.	OR AS A CONSEQUENCE OF				
I			Primary si		UNI DISCLES ON CONDU	FION CIVEN IN DARK 1/ 1	
1		PART 2. OTHER SIGNIFICANT CONDITIONS CON	IKIBUTING TO DEATH BUT N	OF KELATED TO THE TERMIN	NAL DISEASE OR CONDIT	HON GIVEN IN PART I(0)	
	CERTIFICATION	9a. DATE OF OPERATION 19b. CONDITION FO	OR WHICH OPERATION WAS PE			20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ı	ERTE	ACCIDENT WAS TIMPEDIVING TO THE	Mr. Or INITIDY	YES [- 424		. 101
		OR CONTRIBUTING CAUSE OF DEATH HOUR			CCURRED (Enter notu	re af injury in Port 1 or Part 2,	, Item 18.)
	W	THE HOLD WILLE	P.M. 1 URY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		reet ar R.F.D. Na.	City ar Tawn	Caunty State
		220. I certify that (1) (this the spital saw the deceased alive on a causes stated above, (1) (this the spital	attended the deceas	ed fram 2-/	5,196	0 April 1, 19	9 <u>68</u> , that (I) (well)
١		causes stated above, (I) work!	did x did you view the	body after death.	my) (xxx) opinion	deoth occurred on the d	ote ond hour and tram t
ı		22b SIGNATURE	110911	MINI ATTENI		220	. DATE SIGNED
		MU MU	y was	DEGREE PHYS.	X DIRECTO	OR PHYS.	4/1/68
ı		NAME (Type) Dr. William	C. Weintrau	b 22e. Al		enterway, Gree	enbelt, Marylan
12	230.	BURIAL, (REMATION, 23b. DATE 4/3/68	23c. NAME OF Fort	CEMETERY OR CREMATORY Lincoln Ce	23d	L LOCATION (City or Town) Colmar Manor	(County) (State)
1	24. I	UNERAL DIRECTOR Nalley's : Home Inc.			2So. REC'D BY REG	GISTRAR 2Sb. REGISTRAR	'S SIGNATURE
		Home Inc.	Ma	ryland	DATAPR 5	_ 1968 gclio	when Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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06107

	DECEASED-NAME	First	Middle	Lost	2	DATE OF DEATH		2b. HOUR		
(Type ar print)	Walter	J.	Paine	, Sr.	April	28 1968	8. 2.15AN		
3. 5	EX	4. RACE	132.5 4 40 5	5. DATE OF E	SIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
	Male	White		26 Ma	y 1889	last birthday)	YRS. 11 OAYS	Hours Min.		
70.	BIRTHPLACE (State or farei	an 7b. CITIZEN OF W		RRIED X NEVER MA		OUNTY OF DEATH				
	ntry) New York				ORCED	PrinceGebroe	2	Md.		
10.	CITY OR TOWN OF DEATH	11. N	IAME OF HOSPITAL OR INSTITUTIO street address)	N (If nat in hospital		CUPATION (Kind of work d f warking life, even if retire		F BUSINESS OR		
10	Cheverly	Pr	inceGeorbe ge tion: Residence before 13c. Cl	n. Hospit	al N	one				
13a adn	. USUAL RESIDENCE (Where nission) STATE	deceased lived, if instituted in the lived i	tion: Residence before 13c. Cl	ITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO		R			
	Marylan	d P		olmar Man	or	4209 Neway	k Road			
14.	FATHER'S NAME First George		Paine	IS. MOTHER'S A	MAIDEN NAME First	Middl		Lost		
160	. WAS DECEASED EVER IN U	J.S. ARMED FORCES? yes give wor or dates of service)	16b. SOCIAL SECURITY NO.	17. INFORMANT		Addre				
	Yes no, or unknown) (If	,	273-05-7629	Virgie	J. Pain	e - Wife -				
		nter only ane cause per li	ine for (o), (b), and (c).)	0			APPRO) BETWEEN	ONSET AND DEATH		
	PART I. DEATH WAS	MMEDIATE CAUSE (a)	Carde	ac ce	rest					
	4109	DUE TO, OR	AS A CONSEQUENCE OF	To m	uncar l.	:02.6.	7.50			
	Conditions, if any, which rise to immediate caus	gove) (b)	Cel	uce "	your	ac organice	er c			
	stating the underlying last.	cause DUE TO, OR	AS A CONSEQUENCE OF COLOR	Taxinolow	ole Lkan	+ Disease				
	_		JTING TO DEATH BUT NOT RELA							
	140 01	IN CONDITIONS CONTRIBE	THIS TO DEATH BUT NOT KEEN	THE TO THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN PART I(U)				
TION	19a. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PERFORME	D 20a. AUT	OPSY?	20b. IF YES, WERE FINDIN	NGS CONSIDERED IN	CERTIFYING		
CERTIFICATION				YES NO CAUSES OF DEATH?						
	21a. ACCIDENT WAS UND			21c. HOW INJURY O	CURRED (Enter nat	ure af injury in Part 1 ar Pa	rt 2, Item 18.)			
MEDICAL	OR CONTRIBUTING CAUS	examiner) P.M.								
ME	21d. INJURY OCCURRED While Not while at wark	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.	21f. LOCATION Stre	et ar R.F.D. No.	City or Tawn	Caunty	Stote		
	22a. I certify that	(I) (this hospital) att	ended the deceosed from	m	, 19	, to	, 19, tho	t (I) (we) lost		
	saw the decea	sed alive an	19	_, ond that in (n	ny) (aur) apiniar	n deoth occurred an th	e date and haur	and fram the		
	causes stored	obave, (I) (we) (did)	(did nat) view the bady o	atter death.			22c. DATE SIGNED	/		
		Moruau	auso	DEGREE ATTEND PHYS.	DIRECT	TOR STAFF PHYS.	4/28/	68		
	22d. PHYSICIAN'S NAME (Type) T	homad Hern	andez	22e. AD 77	DRESS 63 River	dale Road, I	New Carro	olton		
23a	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETER		23	d. LOCATION (City or Town) Rockville	Mont (County)	(Stote)		
	BEMOVAL (Specify)	5/1/68	Parkla							
24.	FUNERAL DIRECTOR	0100 1771	Rock. Pike,	Rockwill.	250. REC'D BY RE	GISTRAR 2Sb. REGISTI	RAR'S SIGNATURE	Judge		
	Tyson whe	erer TDDT	OCK. TIKE,	OCKATT	DATE MA	0 1 1968	7			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the functal director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Plages 1 and 3 should be filled with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haur affired of the page. VR A15 (4) 30M REV. 1/68 1. (AU 1931) 1. (AU 1971) 1. (

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06108

DECEASED-NAME (Type ar print)	First Ersal:	Ine	Middle M •		Parker	1	April Month	28,	1988	2b. HOUR 5:25		
3. SEX Fem	ale	4. RACE	Negro		5. DATE OF BIRTH 7-11-		6. AGE (In y lost birthd 53	10013	IZEL KIND OF BUSINI INDUSTRY IZEL KIND OF BUSINI INDUSTRY IZEL KIND OF BUSINI INDUSTRY IZEL KIND OF BUSINI INDUSTRY LOY Jackson APPROXIMATE IN BETWEEN ONSET AN days years years years CONSIDERED IN CERTIFY Item 18.) Caunty APPROXIMATE IN BETWEEN ONSET AN days years Jears CONSIDERED IN CERTIFY Item 18.) Caunty APPROXIMATE IN BETWEEN ONSET AN days Jears CONSIDERED IN CERTIFY Item 18.) Caunty APPROXIMATE IN BETWEEN ONSET AN DAYS Jears CONSIDERED IN CERTIFY Item 18.)	IF UNDER 24 HRS. HOURS MIN.		
7a. BIRTHPLACE (Stat country) D.C		7b. CITIZEN OF WE		8. MARRIED WIDOWED	NEVER MARRIE		OUNTY OF DEATH Prince Geo	rges		Md		
10. CITY OR TOWN OF		L) II. N/	AME OF HOSPITAL OR IN: treet address) Lenn Dale	Hospit	not in hospital		CUPATION (Kind of wo working life, even if a			BUSINESS OR		
13o. USUAL RESIDENCE admission) SIATE D. C	E (Where deceas	ed lived, if institut 13b. COUNTY	on: Residence before	13c. CITY O	R TOWN 13d.	INSIDE CITY LIMITS?			N.W.			
14. FATHER'S NAME	First arles	Middle	lost Baskervil	1	S. MOTHER'S MAID	Ethel		Middle		lost		
160. WAS DECEASED Yes No. ar unknav	EVER IN U.S. ARN vn) (If yes give w	MED FORCES? or or dates of service)	16b. SOCIAL SECURITY		INFORMANT Decedent		A	ddress				
	ATH WAS CAUSED		ne for (a), (b), and (c). Hepatic co						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH days			
	ny, which gove)	DUE TO, OR A	AS A CONSEQUENCE OF Cirrhosis	of th	e liver		1 2 10		years			
	iate cause (a), derlying couse /	DUE TO, OR A	s a consequence of Chronic al					7	years			
Pulmor	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Pulmonary tuberculosis; carcinoma in situ (cervix) 1966											
190. DATE OF OF							200. AUTOPSY? YES X NO CAUSES OF DEATH? Yes					
₹ □ OR CONTRIBUTION	WAS UNDERLYIN G CAUSE OF DEAT y medical examin	H HOUR A.M.	Month Doy Year		IOW INJURY OCCUR	RED (Enter natu	ure af injury in Part 1 a	r Port 2, Ite	em 18.)			
While Nat	CCURRED 21e.	PLACE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. I			City or Town			State		
22a. I certif	22a. I certify that \$\frac{1}{2}\$ (this haspital) attended the deceased fram \(\frac{4/12/}{2}\), \(\frac{19.68}{2}\), \(\frac{19.68}{2}\), \(\frac{19.68}{2}\), that (\$\frac{1}{2}\$ (we) last saw the deceased alive an \(\frac{4/28}{2}\) \(\frac{19.68}{2}\), and that in (\$\frac{12}{2}\), \(\frac{19.68}{2}\), a pinian death accurred and the date and have and fram the causes stated above, (\$\frac{10}{2}\) (we) (did) (\$\frac{132}{2}\) view the bady after death.											
22b. SIGNATURE	22b. SIGNATURE DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. DEGREE PHYS. ATTENDING DIRECTOR STAFF HYS. 22c. DATE SIGNED 4/28/68											
22d. PHYSICIAN NAME (Typ		Meiss,	M.D.	44.3	22e. ADDRES	Glenn Glenn	Dale Ho s Dale, Mar	pital yland				
23g SBURIAL CREMA REMOVAL (Spec	fy) 5	/ /	23c. NAME OF	RMO	NY (Yen	LOCATION (City or To	2 RF	26201	(Stote) D.		
24, FUNERAL DIRECT	ORY	hen.	ADDRESS 140	och	1 -4 (4/2)	ATE MA		GISTRAR'S SI		Judge.		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban pagers. Pages T and 2 should be filed with the State Dept. af Health prior to buriol, cremation, or removal, and in any event, within 72 hayrs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

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	, r)	abalah Talada			, Art		.0.4
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		Version 8a	1015 7217		41.4 4 - 147		
5819		R Service					

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

- 1	(1)		Baby Boy		Payn	e OF BIRTH		April 6. AGE (In year		968 DER I YEAR	4:30A
1). JE/	Male	Causas	ian		1/68		lost birthdoy)		S OAYS	HOURS MIN
7	a. B	RTHPLACE (State or forei		HAT COUNTRY?	8. MARRIED NEV			DUNTY OF DEATH Prince George's			
ī		ry or town of DEATH Cheverly	nive	AME OF HOSPITAL OR INST street address) nce George		during m	AL OCCUPATION ast af warking l	(Kind of work	done 128	b. KIND OF E	BUSINESS OR
		sian) STATE	deceased lived, if institut	ion: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY U			13e. STREET AND NUMBER 3263 Queensboro Dr.				
1	4. F	THER'S NAME First	Middle	Last	IS. MOTH	15. MOTHER'S MAIDEN NAME First			dle Lth	Fel	lost ician
		was deceased ever in i	U.S. ARMED FORCES? (yes give war or dates of service)	16b. SOCIAL SECURITY NO	D. 17. INFORMA	Mother		Adda S a	ess eme		
		rise ta immediate coustating the underlying lost. PART 2. OTHER SIGNIFICATION OF THE PROPERTION	ANT CONDITIONS CONTRIBL	ÁS A CONSEQUENCE OF		RMINAL DISEASE ORG		I IN PART 1(o) YES, WERE FIND	INGS CONSIDE	RED IN CER	RTIFYING
ı	CERTIFICATION	4/11/68		e pneumoth	orax	NO [CAUSES	OF DEATH?	les		
	MEDICAL CI	21a. ACCIDENT WAS UNI □ OR CONTRIBUTING □ CAUS If either, notify medical	SE OF DEATH HOUR A.M.	FINJURY Manth Doy Yeor	21c. HOW INJU	RY OCCURRED (Ente	r nature af injur	y in Part 1 or P	art 2, Item 1	8.)	
		21d. INJURY OCCURRED While Not while of work at work		AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.				or Town	Cau		Stote
		220. I certify that saw the deced causes stated	(1) (this hospital) ott used alive an Apr abave XIX (we) (did)	ended the deceosed 11 13/ 19 (NEXEX) View the b	from Apri 68, and that ady after death	1 11 , 19 6 in (nw) (aur) opi	8_, ta_Ap nian death a	ccurred an t	, 19 68 he date or	_, that id hour o	(X) (we) lo
- 6		22b. SIGNATURE	H	rare de	DEGREE P	TENDING A	MED.	STAFF PHYS. XX	22c. DATE S	IGNED 10	196
	- 1				01	ADDPESS			0		/
		22d. PHYSICIAN'S NAME (Type)	Karnardo	Alvarado,	M. D. Pr	e ADDRESS ince Geor	ge's Ge	neral H	Hospit	al,Ch	ever

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

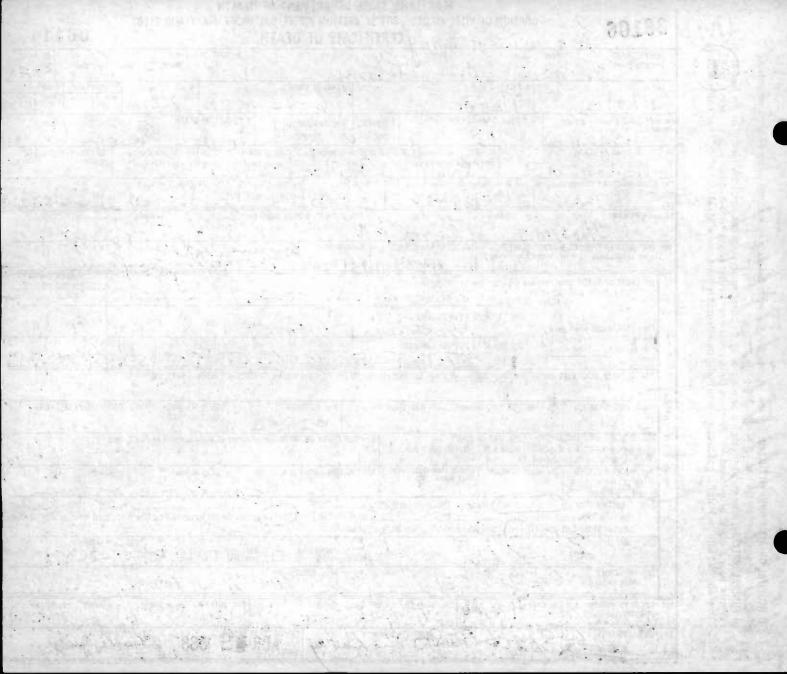
Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after deptited.

"rines Secres" Seneral Mospiter 1, Clevering

35:4 Sec.	Litter 11.				
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				News Are In the	
		NU.	in action in	ng eviseossee	BOYLLING
	AN PROPERTY				
Market Street	2.1.04.1	-11-0	ATCH BELL	I I beck	
			Street Ballion In	YOU'RE THE THE PERSON	

MARYLAND STATE DEPARTMENT OF HEALTH OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I. DECEASED-NAME 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death ond (Type ar print) Month 2 the ottending physicion ond completely filled in by the funeral sit permit. Then please remove carbon papers. Pages A ond Tenny ST DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthgay) MONTHS DAYS HOURS 7o. BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)_ WIDOWED 📝 DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 11. KIND OF BUSINESS OR during most af warking life, even if retired.) give street address) **INDUSTRY** 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c GITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY admissian) STATE ond in ony 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, na, ar unknawn) (If yes give war or dates of service) cremation, or removal, -1119 1 H+B 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH 12010-12E Canditians, if any, which gave signed by the burial-transit 10 ARUDIO rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State While Nat while at wark 22a. I certify that (V (this haspital) attended the deceased from 1955 and that in (my)(aur) a inion death occurred on the date and hour and from the saw the deceased alive on causes stated above, (I) (we) (did) did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS # NAME (Type) director, should b 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CEDTIFICAT	F OF DEATH
CERMINICAL	F DE DEATH

					CLIXIII	CAIL OI D	LAIII			V	0 7 7	10
	ECEASED-NAME	First		Middle	LUMBL	Last		2o. DATE OF			2b. 1	HOURA
1	Type ar print)	Ann		J.		Poore			April 2	8 196	8 9:	30 M
3. S	EX		4. RACE			S. DATE OF BIRT	TH		6. AGE (In years	IF UNDER 1 YEA		24 HRS.
	Female	2		White		October	r 22 1	895	last birthday)	MONTHS DA	YS HOURS	MIN.
7o.	BIRTHPLACE (Stote o			WHAT COUNTRY?	8. MADDIE	NEVER MARRI		COUNTY OF	1~			
Di	ntry)	Columb	hio IIni	ted States				Dear				Ma
	CITY OR TOWN OF D		013 011	NAME OF HOSPITAL OR I					Ince Georg		OF BUSINESS	OR
	Hyatts vi]	10		e street address)		art Home	during mast		ife, even if retired.)			
			l lived, if instit	ution: Residence before	e 13c. CITY	OR TOWN 13	d. INSIDE CITY LIMIT		REET AND NUMBER			
odm	ission) STATE	vland	13b. COUNTY	ontgomery	Silve	r Spring	YES NO	7 770	73 Andrew	Stree	et	
14.	FATHER'S NAME	First	Middle	Lost	Pilania V V	1S. MOTHER'S MAID	DEN NAME First		Middle		Lost	-
	W:	illiam	Α.	Myer	S		Mar	y Robe	rta		Grove	S
16a	. WAS DECEASED EVE	R IN U.S. ARMEI		16b. SOCIAL SECURIT		INFORMANT		<i>U</i>	Address			-
,	(es, no or unknawn) NO	(If yes give war	or dates of service)	579-66-1	999	Sacred He	eart Ho	ome.	Hyattsvil	le, Man	rvland	ī
	¥		one couse per	line for (a), (b), and (1			ROXIMATE INTERV	
	PART I. DEAT	WAS CAUSED	BY:	Vitantati	i alle		Man d 0	1. the	Brenst	2	3 mil	- CALIN
	174	/ IMMEDIATE	CAUSE (o)	AS A CONSTOURNER O	VF	was way	J-may	1	(/2000)		, , , , ,	
	Conditions, if any,	which gave)	DUE 10, OK	AS A CONSEQUENCE O)r							
13	rise to immediat	e cause (a), ((b)	AS A CONSEQUENCE C	ne .							
(3)	stoting the under	lying couse	(a)	AS A CONSEQUENCE C	7							
	- 1/0/	NIEICANT COND	(c)	RITING TO DEATH BUT	NOT DELATED	TO THE TERMINAL I	DISEASE OP CON	IDITION GIVEN	I IN PART 1/a)			
	Charles II	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
CERTIFICATION	19g. DATE OF OPERA	TION 19b.CC	NDITION FOR W	VHICH OPERATION WAS	PERFORMED	20a. AUTOPS		20b. JF	YES, WERE FINDINGS	CONSIDERED II	N CERTIFYING	G
E S						YES 🗆	NO 🗆		OF DEATH?			
(ERI	21o. ACCIDENT WA	S UNDERLYING	21b. TIME	OF INJURY	21c			ature of injur	y in Part I or Port 2	Item 18.)		
	OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M	I. Month Day Yes	or		(61110)		,	,		
MEDICAL	(If either, notify notification notify notify notification		r) P.M LACE OF INJURY		FACTORY, 1 21f	MOITADOL	or R.F.D. No.	City	or Town	County	9	tote
	While Not wh	ile	DIE OF HUOKI	(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.) [211.	FACULIAN 211001	VI K.I.D. HU.	City	0. 101111	coomy		.010
	at wark at war		hamitall	tanded the M	and from	20 001	. 196	7 to 2	Sonre 1	9 68, th	ot //\ /	-1 /a
	saw the	lecensed aliv	nospital) al	tended the deced	19 Tom_	nd that in (my)	(our) opini	an death o	ccurred on the	ate and ho	ur and fre	e) los
Н	causes st	oted obove,	(1) (we) (did	(did not) view th	e body afte	r death.	, (ooi) opiiii	an abann c	ccorred on the c	idio dila ilo	or and no	7111
	22b SIGNATURE	11		1.		ATTENIOUNIO	Kirn		220	. DATE SIGNED	-01	111
	Um	a. U	Irm	man de la companya dela companya dela companya dela companya de la companya de la companya de la companya dela companya de la companya dela comp	M DE	GREE PHYS.	MED	CTOR -	STAFF PHYS. D	Sapr	11	168
	22d. PHYSICIAN'S					22e. ADDRE	ESS		- 100	-		
	NAME (Type)										77	
230	BURIAL, CREMATIO	V, 23b. DA	TE/ /	23c., NAME O	F CEMETERY C	R CREMATORY		23d. LOCATIO	(City or Town)	(County)	(State)
	REMIDVAL (Specify)	1 51	1/68	MT.	Mar	VET		W	ASH.	4	2.0	,
24.	FUNERAL DIRECTOR	-	-	ADDRE	SS	2	So. REC'D BY	REGISTRAR	25h REGISTRAR	S SIGNATURE	0,00	
1	toul and	1-11412	mal -	Thomas	NASI	4.1.0.	DATE MA	11 6	1968	mented	Van J	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

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. v) i.	19.0	131	APIC A	media 2 November 1
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		The state of		

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

Health prior to burial, cremotion, or removal, and in ony event within 72 hours after death.

MCAL EXAMINER: This certificate should be executed within 24 hours after death

TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1.3	3.2	- 8	I.	9.7

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1. DECEASED-NAM		Mid	dle	Lost		20. DATE KNOWN Mon	th Day Year 2b. H	HOUR
(Type of Tilli	" Lena	Mari	e	Queen		DEATH MATED & 4-	30-68 197:208	amm
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In year	OFS IF UNDER 1 YEAR	IF UNDER 24 I	HRS 2c. DATE PRONOUNCED DEAD		HOUR
Female	Negro	6-11-1906	last birthday	YRS. DAYS	HOURS	Month 30ay	6819 7:528	amm
70. BIRTHPLACE		b. CITIZEN OF WHAT COUNTRY?		MARRIED NEVER MA	ARRIED 9	COUNTY OF DEATH	00	- Calling
cauntry)		715A						Md.
10. CITY OR TOW	N OF DEATH	11 NAME OF HOSPITA		TION (If nat in haspita		Prince George's	ie 12b. KIND OF BUSINESS	-
Chever	·lv	give street oddress) Prince Ge	eorge G	en. Hosp.	during m	stat working life even if rested		OK .
		d lived, if institution: Residence			3d. INSIDE CITY LIMI			
admission) S	nd P	rince George's	Seat	Pleasant	YES NO	□ 1313 Rollin	s Avenue	
14. FATHER'S NAM	ME First	Middle,	Last	IS. MOTHER'S MA	IDEN NAME	First 10 Middle	Last	
Hen	rue Mar	rule Tulen	wolne.	1) NAU	isla	Mraus.	su,	
16a. WAS DECEASE	ED EVER IN U.S. ARMED FO	ORCEAN 16b. SOCIAL SEC	CURITY NO.	17 INFORMANT	0 0	ADDRESS	,	
(Yes, na, or un	(If yes give we	ar or lates of service)		Janin	las Las	100m, 12/2-80	Oliverane	
I in called	COF DEATH (F.)			Nouve	or account		APPROXIMATE INTERVA	
PART	I DEATH MAC CAUCED	ane cause per line far (a), (b), BY:					BETWEEN ONSET AND DE	EATH
111	IMMEDIAT	E CAUSE (o) Heart I					minutes	_
	s, if ony, which gove	DUE TO, OR AS A CONSEQU	ENCE OF Ar	terioscle	rotic h	eart disease	over 12 yr	rs.
	mediote cause (a),	(b)						
	e underlying cause	DUE TO, OR AS A CONSEQU	ENCE OF					
last.	,	(c)					-921-02	
PART 2. OTI	HER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH E	BUT NOT RELAT	TED TO THE TERMINAL	DISEASE OR COM	NDITION GIVEN IN PART 1(a)		
= 420	Diabetes	- over 4 year	'S		3			
19a. DATE	OF OPERATION	19b. CONDITIO		OPERATION			20. AUTOPSY?	
E .		WAS PERF	-URMED?				YES NO	
	NAL CAUSE WAS	21b. TIME OF INJURY Month, I	Doy, Year	21c. HOW INJURY O	CCURRED (Enter	nature of injury in Part 1 or Part :	2, Item 1B.)	
PRIMARY [CAUSE OF I	OR CONTRIBUTING	HOUR A.M.	19					
21d. INJUR	OCCURRED 21e. Pt	ACE OF INJURY (At home, form,	street,	21f. LOCATION Street	ar R.F.D. Na.	City ar Town	County St	tote
WHILE AT WORK		ary, office building, etc.)						
		ale also associated		ava halden Ava		learning (SE) Indiana	[5]!:	11
		ok charge of the remoins d			-	Inspection X, Inquiry		Anian
death	h resulted from:	Natural causes X, A	accident	, Suicide ,	Homicide	, Undetermined mann	er 🔲	
ACTUAL	/	1 /1/		CH	IEF MEDICAL EX			
SIGNATUI	RE	1000	h	-11.U.	SISTANT MEDICA	IL LARMINER L.	ATE SIGNED	
EXAMINE				DE	PUTY MEDICAL I	EXAMINER 🔀	5-1-68	
NAME (T)	(Pe) John Keh	oe MD Riverd	lale, M	ld. AD	DRESS(Street, ci	ity, town, or county)		
230 BURIAL CR	EMATION, / 13b. [ERY OR CREMATORY		23d. LOCATION (City or, Town)	(County) (State)	, ,
REMOVAL (Specity)	-4-68 1	41212	monu		High land	Pack K	11
24. FUNERAL DI	RECTOR /	done	ADDRESS	/	2Sa. REC'D B	REGISTRAR 256 REGISTRA	R'S SIGNATURE	P
H.5. WX	spington	14925°	Wep.	ne Rive	DATE M	AY 6 1968 /	maries Lead	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs,

Page 4 may be retained by the haspital ar attending physician.

Euneral

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

36114

1. DECEASED-NAMI		First	Middle		Last	2a. DATE O		٥.	V	2b. HOUR
(Type or print)		Daniel	Calvin		Rector Sr.		Month Apr.	29	Year 68	4.00A
. SEX		4. RACE			S. DATE OF BIRTH	20	6. AGE (In year lost birthday)	YRS. IF L	INDER † YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (S	tote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8. MADDIEN	19 Aug. 19 NEVER MARRIED □	9. COUNTY O		183.		
washing	,			WIDOWED			0		13	Md
IO. CITY OR TOWN		·Cl Pr	. NAME OF HOSPITAL OR I			SUAL OCCUPATION	Kind of work	done 1	2b. KIND OF E	ITIC
		gi	ve street oddress)		during	most of working	life, even if reti		INDUSTRY	
Cheverly 13a. USUAL RESID	ENCE (Where de	eceased lived, if inst	Pr. Geo. Ge itutian: Residence before	Hos	R TOWN 13d, INSIDE CIT		REET AND NUMB		T. V	Co.
admission) STAT	E	13b. COUNT			YES	NO				
14. FATHER'S NAM	ryland First	Middle	L. Geo.	Edmor	5. MOTHER'S MAIDEN NAME		01 51tl		•	Last
	iam C.					onstance				COST
		. ARMED FORCES?	16b. SOCIAL SECURIT	Y NO. 117.	INFORMANT		Addr	220		
Yes, no, or upk	nown) (If yes	give war ar dates of service)			Jean L. Rec	tor 1,80			Edmon	ston. N
Tro. causes	OF DEATH /F				ocan be nee	001 400.			APPROXIM	AATE INTERVAL
PART I	DEATH WAS CA	ALISED BY:	r line for (a), (b), and (6.50	10 84	. 0.	.0	BETWEEN ON	NSET AND DEATH
F 5	IMI	MEDIATE CAUSE (a)	HO TOWER H	epah.	: Failure	, renge	~26 2-80	Jua	red ha	-lice
57	1.7.		R AS A CONSEQUENCE O	F				V	1700	
	if anγ, which g nediate cause	(o) (b)_	(e)	rhi	sees Of T.	iner				
stating the	underlying ca		R AS A CONSEQUENCE O	F	V					
last.	810	(c)_								
PART 2. OTI	HER SIGNIFICANT	T CONDITIONS CONTR	IBUTING TO DEATH BUT	NOT RELATED 1	O THE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART 1(a)			
z The	romb	-oml	oli-RLI	- Im	20a. AUTOPSY?	cerasi	· pu	rela	Span	itorit
190. DATE OF	OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS I	PERFORMED	26a. AUTOPSY?	20b. I	F YÈS, WILDE FINDI S OF DEATH?	INGS CONSI	DERED IN CEI	RTIFYING
STIE STIE					YES NO	CAU3E	3 OF DEATHY			
	NT WAS UNDER		OF INJURY		IOW INJURY OCCURRED (Er	nter nature af inju	ory in Part 1 or P	art 2, Item	18.)	
OR CONTRIB	OUTING CAUSE O	xaminer) P.	M.	19						
	OCCURRED	21e. PLACE OF INJUR	AT HOME, FARM, STREET, I	FACTORY,) 21f. L	OCATION Street or R.F.D.	Na. Cit	ar Tawn	C	aunty	Stote
at wark	at wark									
22a. 1 cei	rtify that (I)	(this haspital) o	attended the decea	sed fram	4/4 , 19	68, to	4/29	, 19_6	8 , that	(I) (we) las
saw	the decease	ed alive an 4	/29	_19 6.8 , ar	id that in (my) (aur) c	pinian death	accurred on t	he date o	and haur o	and fram the
		bave, (I) (we) (di	d) (did not) view the	e body atter	death.					
22b. SIGNATI	JRE A	297 -	\		ATTENDING	MED.	STAFF	22c. DATE		
100	1	Leonle	-	DEG	REE PHYS.	DIRECTOR L	PHYS.	4/29	/68	
22d. PHYSIC NAME (141	9		22e. ADDRESS			-		
(Mille)	They O D:	r. Jose G			Prince Geo					,Md.
23a. BURIAL, CRE	MATION,	23b. DATE			CREMATORY		ON (City or Town)			(Stote)
Buriar		May 1, 1			n Cemetery	Colma	ar Manor	, Md.	Prin	ee Geo
24. FUNERAL DIR		In Some I	ADDRES		2Sa. RECT	BY REGISTRAR	1968 REGIS	PAD'S SIGN	NATURE O	edse.
Maryla	ind 20	781	Dalling CCI	ore Ave	. Hyattane N	AAY 3	1000	- /	0	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Pashauld be filed with the State Dept. of Health prior ta burial, cremation, or remaval, and in any event, within 72 Hours VR A15 (4) 30M REV. 1/68 PAGE TO CALL TO THE TOTAL TO THE TANK OF THE PAGE TO THE TANK OF THE PAGE TO T Maile 1910 - 137 - 1370 .34

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36115 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2o. DATE OF DEATH First 2b. HOUR Manth 2 death. ond (Type as print) 1968 ar John Redmond 1:30PM April 3. SFX 4. RACE S. DATE OF BIRTH 1F UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthday) HOURS 11/1/04 Male Caucasian 63 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED XX NEVER MARRIED DIVORCED [WIDOWED [Prince Georges 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress) during prost of working life, even if retired.) Cheverly Prince Geo. Gen'l Hospital PAINT en please remove corbo burial, cremation, or removal, and in ony event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES VI 3404 Bunker Hill Road Maryland Prince 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost OWNE AMES EDMOND 16b SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 577-12-909 (If yes give war or dates of service) mara 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY permit. Coronary occlusion IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove Arteriosclerotic Heart Disease rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the prior to b O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TENDING PHYSICIAN: The CAUSES OF DEATH? director, page 3 should be detached for use should be filed with the State Dept. of Health p YES 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County Stote While Not while at work of work 220. I certify that (this hospital) attended the deceased from April 2., 19 68, to April sow the deceosed olive on April 2. _____19_68, and that in (prot (our) opinion death occurred on the date and hour and from the couses stoted obove, (*) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE SIGNED DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Bahrami, M. D. NAME (Type) 3:00 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (State) (County)

VR A15 (4) 30M REV. 1/68 FUNERAL DIRECTOR

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					. H. James	(Ellinger	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME 20. DATE KNOWN First Lost Month (Type or Print) ESTI-OF 0 DEATH MATED 68 1910:43pm Frederi Richard iny delay AGE (In years IF LINDER I YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE S DATE OF BIRTH last bushday) PM3. 68 197 O: 550mm Departm Male White YRS 22-1902 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Office along with form country) Prince George's WIDOWED [X] DIVORCED [Stote in Item 18. Give Poges 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 24 hours ofter death 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street oddress lond 2 with the Riverdale land Memorial Hospita 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13h COUNTY demission) STATE YES 🗔 NO 37th. Street Rainier George after 1S. MOTHER'S MAIDEN NAME Middle lost First 14. FATHER'S NAME CHARASON CHARDS Examiner's pages hours 160 WAS DECEASED EVER IN U.S. 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** within pencil (Yes, no or mknown) (If yes give war or dates of service) File APPROXIMATE INTERVAL .⊆ within This certificate should be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. I BETWEEN ONSET AND DEATH 4 should be forwarded to the Chief Medical "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Laceration of brain minutes DUE TO, OR AS A CONSEQUENCE OF Multiple fractures of skull event buriol-transit Conditions, if ony, which gove rise to immediate couse (a), writing the word ony DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse . 5 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 00 removal. nsed 20. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? please execute the certificate, pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 0 3 should PRIMARY X OR CONTRIBUTING HOUR A.M MEDICAL SICAL EXAMINER: cremation, 0:43 ROMA 4-23-19 68 Pedestrian struck by car. CAUSE OF DEATH 21f, LOCATION Street or R.F.D. No. County 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town foctory, office building, etc. FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Md. Prince George Co. Avenue, Hvattsville. burial, Б 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian the funeral director. death resulted fram: Natural causes Accident X Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY necessary, 1-24-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth ADDRESS(Street, city, town, or county) NAME (Type) Riverdale. Md Kehoe 0 BURIAL CREMA 23c. NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City or Town) (County) REMOVAL (Spe 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

VR A15ME (5) 10M REV. 1/68 06116 2b. HOUR Yeor

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

							-
1. DECEASED-NAME First (Type or print)	Middle		Lost	20.	DATE OF DEATH Month	Doy Yeor	2b. HOUR
James	s Educat Ed	ward	Roche !	Sr.	April .	5 1968	
3. SEX	4. RACE		S. DATE OF BIRTH		6. AGE (In years	AGNITHS DAYS	IF UNDER 24 HRS.
Male	White		2/4/98		70st birthdoy)		HOURS MIN
	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. CO U	INTY OF DEATH	1.44	
country) Kansas	u. S. A.	WIDOWED			Prince Geor		Md.
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II				JPATION (Kind of work dor		F BUSINESS OR
Cheverly	din treet oder Erg. C	en. Ho:	sp.	Clerk	working life, even if retired	e U.S.	Gou't
30. USUAL RESIDENCE (Where deceosed				DE CITY LIMITS?	13e. STREET AND NUMBER		
odmission) STATMaryland	Mont Rex	4202S	ilver Spri,	NO 🗆	4202 Round	Hill Rd.	,
14. FATHER'S NAME First	Middle Lost	15	. MOTHER'S MAIDEN N	IAME First	Middle		Lost
Grank	Roch	e	Mari	И		Di	illon
160. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		NFORMANT		Address		
Yes, no, or unknown) (If yes give wor	or dates of service) 579-22-2	162 M.	rs. Llewel	len L.	Roche 4202	Roundhil	il Rd.
IB. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (o	:).)	0.0				XIMATE INTERVAL ONSET AND GEATH
PART I. DEATH WAS CAUSED	BY: 07 0			11004	A		
1621 IMMEDIAT	DUE TO, OR AS A CONSEQUENCE O		many	20000			
Conditions, if ony, which gove)	DUE 10, OK AS A CONSECUENCE O	- 0 B				11	
rise to immediate couse (o),	(b) 10 00 AS A CONSTRUCTION		MA NOW		The Durate of	. 4 -	
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O		0	W LUCK	we we come	TIP!	
lost. 1621	(c) Kristal	mm	ungen	1 can	moun we	XX	
PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	O THE TERMINAL DISEAS	1)	ON GIVEN IN PART 1(o)	.,	1
& Severe sens	ulley il coron		Meriosi	lles	is; pulmo		levin
190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS F	PERFORMED	20o. AUTOPSY?		20b. AF YES, WERE FINDING	22 CONSIDERED IN	CERTIFYING
			YES	NO 🗌	CAUSES OF DEATH:	Yes	
			OW INJURY OCCURRED	(Enter noture	e of injury in Port 1 or Port	2, Item 1B.)	
OR CONTRIBUTING CAUSE OF OF ATH		or 19					
ZIU. HIJORI OCCORRED ZIG. I	PLACE OF INJURY (AT HOME, FARM, STREET, I		OCATION Street or R.F.	F.D. No.	City or Town	County	Stote
While Not while of work	OFFICE BUILDING, ETC.	_ ′					
220 certify that (I) (this	haspital) attended the decea	sed fram	Mirch 5	19 68	to A1 5	19.60 , the	at (I) (we) last
in becereased ali	ve an Anril 5	19 68. an	d that in (my) (ou	r) apinion	death accurred an the	date and hau	r ond fram the
causes stated abave,	(I) (we) (did) (did nat) view the	e body after	death.				
22b. SIGNATURE			ATTENDING	MED		22c. DATE SIGNED	. 0
1 V m m	-11	DEGI	REE PHYS.	MED. DIRECTO	R PHYS.	4/6/6	5 4
22d. PHYSICIAN'S	7	1	22e. ADDRESS				
NAME Type) Samue	L J.N. Sugar		4637	Easter	n Ave. Hyatt	willen	Md.
23o. BURIAL, CREMATION, 23b. D.	ATE 23c. NAME O	F CEMETERY OR			LOCATION (City or Town)	(County)	(Stote)
Surval (Specify) Ap	il 9 1068 Gate	at Ida	wen Cemet	and W	heaton Mon	tgomery	Md.
	n Carter BADORE	5 Care	25o. R	REC'D BY REGI		AR'S SIGNATURE	0 100.
Manage & Down	i conser ofte	nounc	7	APR	T 0 1368 %	naves	- Carel

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this cerificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Heolth prior to burial, cremation, or removal, and in any event, within 72 hours at Poge 4 moy be retained by the hospital or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	UUL.	1. 40			CERTIFIC	ATE OF D	EATH				01	6118
	SED-NAME or print)	First		Middle		Lost		2a. DATE OF DEAT		0	V	2b. HOUR
Libbe	or pillil)	Ora	9/2/20	М.		Rowles		Ap	Nonth ril	20	1968	3:00A
3. SEX			4. RACE	A-A-III		S. DATE OF BIRT	Н	6. A	GE (In yeor	rs	IF UNDER 1 YEAR	IF UNDER 24 HR
	Female	e	White	2		2/14/99		6905	t birthday)	YRS.	MONTHS OAYS	HOURS MI
	HPLACE (State o	or foreign	7b. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARRI	D 9.	COUNTY OF DEAT	н			
(auntry)	VIRGI	INIA	Us	A	WIDOWED [Princ	e Ged	orge	's	
10. CITY	OR TOWN OF D	EATH		AME OF HOSPITAL OR II	NSTITUTION (If no	it in hospital		OCCUPATION (Kind	af work	done	12b. KIND OF	BUSINESS OR
917,	Chever	ly	Pri	street oddress) .nce Georg	e's Ger	Hosp.	during most	of working life, e	ven if retir	red.)	INDUSTRY	L Itm
	n) STATE	Where deceas	ed lived, if institut	ion: Residence before	13c. CITY OR	TOWN 13c	INSIDE CITY LIMIT	S? 13e. STREET A			Ave.	
14. FATH	IER'S NAME	First	Middle	Lost		MOTHER'S MAIC	EN NAME First		Midd			Lost
	泛	# 0	DENCY	MALLOI	21	5 4511	_	LAWS	ON			
	AS DECEASED EVE		NED FORCES?" or or dates of service)	16b SOCIAL SECURITY	NO. 17. J	FORMANT :	n Ro	WAES ?	Address		AIRW	17 800
1R	CAUSE OF DE	ATH (Enter on	v ane cause per lin	ne far (a), (b), and (a	11			1 1/22	CAO.	(IMATE INTERVAL
10.		H WAS CAUSE	BY: T	Pulmonary		m. left	side.				BETWEEN	ONSET AND DEATH
1	162,1	IMMEDIA	11 CNOSE (0)					oma invo	1 ari no	~		
Cor	Conditions, if dry, which gave) Conditions, if dry, which gave) (b) DUE TO, OR AS A CONSEQUENCE OF Bronchogenic carcinoma involving (b) the main stem bronchus, right side											
rise	rise to immediate cause (a). (b)											
	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF											
PA.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
1	621								(-)			
190	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM								WERE FIND	INGS CO	NSIDERED IN C	ERTIFYING
CERTIFICATION 1300						YES	NO 🗍	CAUSES OF D	EATH?			
	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.)											
	or contributing either, notify m				r 19							
211	d. INJURY OCCU hile Nat wh	IRRED 21e.		AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		CATION Street	r R.F.D. No.	City or To	wn		County	State
	22a. I certify that (I) (this cospital) attended the deceased fram 3/26/68, 19, ta April 20, 19,68, that (I) (we) last saw the deceased alive an April 20, 19,68, and that in (my) (aur) apinian death accurred on the date and haur and fram the causes stated above, (I) (we) (did) (did not) view the bady after death.											
22b	b. SIGNATURE	ruerd	8 3	and-	DEGR	ATTENDING	MED DIRE	CTOR STA		22c. D	ATE SIGNED	. 65
22d	. PHYSICIAN'S	100	March 1			22e. ADDRE	SS					
	NAME (Type)	Oliver	B. Bond			6872	Riverd	ale Rd.	Lanh	lam.	Md.	
23o. BU	IRIAL, CREMATION MOVAL (Specify)	N, 23b. 1	DATE 23/196	23c. NAME OF	F CEMETERY OR	CREMATORY	1	23d. LOCATION (Cit	y or Town))	(County)	(State)
24. FUN	IERAL DIRECTOR	will	CHAMB	EP ADDRES	S	2	a. REC'D BY F	REGISTRAR 2	Sb. REGIST	TRAR'S	SIGNATURE	
5	77-1	1/ to 5 >	5 SE	WA	SH.	DIL. 1	ATE APR	2.4 196	8 1	Che	wees &	udge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and completely filled in by the for director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 moy be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME Lost Middle 2b. HOUR (Type ar print) Lila L. Ruckh 7:55p April 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after 3. SEX 6. AGE (In years IF UNDER 1 YEAR ast birthday) Female White 4/14/86 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryNebraska U.S.A. Prince George's WIDOWED K DIVORCED [buriol, cremation, or removol, and in any event, within 72 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Cheverly Prince Geo. General Hosp. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b. Countynce Georges Cheverly 2716 Crest Ave. YES 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Frank Lovell Vandershure Maria AddressCheverly. Md. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) (If yes give war or dates of service) Mrs. Grace Holeman. Daughter. 2716 Crest Ave 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (o) Acute cardiac tamponade due to rupture of left ventricle signed by the ottendii buriol-tronsit permit. DUE TO, OR AS A CONSEQUENCE OF (b) Steriosing coronary arteriosclerosis with recent thrombosis Canditions, if ony, which gove) rise ta immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF of rt. coronary artery. stoting the underlying cause (c) Extensive myocardial infraction, left ventricle PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the prior to t hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES XX this certificate be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Street ar R.F.D. Na. County State City or Town While Nat while at work of work 220. I certify that (I) (this hospital corrected the deceased from the saw the deceased alive on 1900, and that in (my) (aur) apinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After director, page 3 should should be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b, SIGNATURE DIRECTOR NAME (Type) Dr. Judius Kauffman 6501 Landover Rd., Cheverly, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BIROMOTWAIDN, &c 23b. DATE (County) (Stote) RECOVERED April 2, 1968 Lakeside Cemetery
FUNERAL DIRECTOR J OSE Ph Gawler's Someoffic.
5130 Wisc. Ave. N.W., Wash., D.C., 20016 Hamburg, New York

VR A15 [4] 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH			061	26
Last	20. DATE OF DEATH			2b. H0
D In	A Month	Day	TYEPE O	1.45

				EKILICA	IL OI DEATH							
	DECEASED-NAME	First	Middle		Last	2o. DATE O	Month Da	Voor	2b. HOUR			
	(Type or print)	Susie	Belle		Rush	April	Month 5 ^{Da}		4:40P M			
3. 5	SEX	4. RACE			DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.			
	Female		White		12/19/0 2		birthday) YRS.	monito Data	NOOKS ININ.			
0.	BIRTHPLACE (State or for		WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED	9. COUNTY O	F DEATH					
P	ennsyl van	ia U. S	. A.	WIDOWED		Princ	e George's		Md			
	CITY OR TOWN OF DEATH	11.	NAME OF HOSPITAL OR INS				(Kind of work dane	12b. KIND OF	BUSINESS OR			
	Cheverly	94	rince Georg	ge's Ge	Hosp. Ho	usewii	e even il reined.)	Own]				
	a. USUAL RESIDENCE (Whe mission) STATE	re deceased lived, if insti	tutian: Residence before	13c. CHY OR I	WN 13d. INSIDE CITY	LIMITS? 13e. S	TREET AND NUMBER F	erry R	oad			
Jui	Mary!	and So. Capti	nce George	s (min	YES T	10 □ 84	44 Old Ale	xander.	RA.			
14.	FATHER'S NAME Fire		Lost		MOTHER'S MAIDEN NAME		Middle	7.7.2	Last			
	10	seph	Davis			Lucy			ters			
16	o. WAS DECEASED EVER IN	U.S. ARMED FORCES? (If yes give war ar dates af service)	16b. SOCIAL SECURITY N		OR WANT		8144 ACTS	Alexa	nder			
	No no, or unknawn)			Lu	<u>cinda Dre</u>	venak	Rd. Clin	ton, M	d.			
		(Enter anly ane cause per	line far (a), (b), and (c).)				BETWEEN O	MATE INTERVAL DISET AND DEATH			
	PART I. DEATH W.	AS CAUSED BY: IMMEDIATE CAUSE (a)	Acute infa	rction	of left cer	ebrum						
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	PART 2. OTHER SIGNIF	CANT CONDITIONS CONTRI										
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ATIO	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS PE	RFORMED	CALISES OF DEATHS			CONSIDERED IN C	ERTIFYING			
CFRTIFICATION					Yes. Yes.							
			OF INJURY	21c. HOW	INJURY OCCURRED (En	ter nature af inj	ury in Part 1 ar Part 2,	Item 1B.)				
MFDICAL	OR CONTRIBUTING CA								11			
MF		21e. PLACE OF INJUR	Y (AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCA	ATION Street or R.F.D. N	lo. Cit	γ or Town	County	State			
	While Not while Cat work		Correct boltomo, tre.									
	22a I certify tha	22a. I certify that (1) (this haspital) attended the deceased from March 21, 1968, to Apr. 5, 1968, that (1) (we) last saw the deceased alive an April 5, 1968, and that in (my) (our) apinian death occurred on the dote and haur and from the										
	saw the dec	eased alive an	April 5	968_, and	that in (my) (our) a	pinian death	occurred on the d	ote ond haur	ond from the			
		d obove ₃ (⅓ (we) (di	a) (AHT HOT) view the	bady after de	ain.		220	DATE SIGNED	1			
	22b. SIGNATURE	RI	1 00	O DECREE	ATTENDING	MED.	STAFF -	TI COL	14			
	22d. PHYSICIAN'S	Barran	m ,)0.	DEGREE	PHYS. 22e. ADDRESS	DIRECTOR L	PHYS.	70/0				
		Bahram Bhar	ami, M.D.		303	Myt	v Rd.	SE,6	0-0			
22	o. BURIAL, CREMATION,	23b. DATE		CEMETERY OR C	REMATORY	23d. LOCAT	ION (City ar Town)	(County)	(State)			
P	REMOVAL (Specify)	4/9/68			Cemetery		densburg		Md.			
	I. FUNERAL DIRECTOR	H/ // 00	ADDRESS		2Sq. RFC'D	BY REGISTRAR	2Sb. REGISTRAR	S SIGNATURE				
		os. Upper	Marl boro	. Md.	DATE AF	RII	1968 you	mes you	de			
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death.

Page 4 may be retained by the haspital ar attending physician.

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ATTOO

MARYLAND STATE DEPARTMENT OF HEALTH 06116 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost 2a. DATE OF DEATH 1. DECEASED-NAME First 2b. HOUR (Type or print) Month Day 1968 or J. Elmer Saylor April 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after lost birthdoy) HOURS O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours af Male Sept. 10, 1904 Caucasian 70. BIRTHPLACE (Stote or formin C 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Washington U.S.A. WIDOWED Prince Georges DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done Wandhington Subjecty for the Blind 10. CITY OR TOWN OF DEATH Prince Geo.Gen'l Hospital dwin most of working ife even if refred h Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE YES 🔀 NO . Riverdale 6414 49th Ave Georges 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Thomas E. Saylor Lucille Norvell 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 579 18 9867 Louise Saylor Same as #13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN DISSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Confluent Broncho-pneumonia. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Severe Coronary Arteriosclerosis Cardiomegaly. rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESX XIX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING CAUSE DF DEATH (If either, natify medical examiner) HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 1962, 19, 19, ta April 17, 19,68, that (I) (this hospital) attended the deceased fram 1962, ond that in (my) (out) opinion death occurred on the date and hour and from the causes stated abave, (1) (102) (did) (did) (view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 20-16. Clements m if DEGREE ATTENDING PHYS. STAFF PHYS. MED. DIRECTOR April 17, 1968 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) William H. Clements, M. D. 6001 35th Aæ. Hyattsville, Md. 20782 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, B REMOVAL (Specify) 4/19/68 Ft. Lincoln Colmar Manor P.G. 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR APR 22 1968 Acharles Judge Francis Gasch's Sons Hyattsville, Md.

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CERTIFICATE OF DEATH DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR Middle (Type or print) Clarence Manth 15 Day 1968ear Schall. April 3:18P N 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthday) HOURS Male Caucasian 1919 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Prince Georges DIVORCED WIDOWED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) pirettecedreseo Gen'l Hospital **INDUSTRY** Cheverly 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE

Maryland 13b. COUNTY Prince Georges YES 🗀 NO. 7205 Forest Road Kentland 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (If yes give wor or dotes of service) Yes, no. or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) SUBARACHNOID HEMORILHAGE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) RUPTURED AHEURYSM CEREBRA rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) SHOCK. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 XXXON 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County While Nat while at wark 22a. I certify that (* (this haspital) attended the deceased from April 10, 1968, to April 15, 1968, that * (we) last saw the deceased alive on April 15, 1968, and that in (ray) (aur) apinian death accurred an the date and haur and from the causes stated above, (* (we) (did) (didxast) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS OLIVER NAME (Type) Prince Georges General Hospital, Cheverly 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION (City or Town) Manual and 23a. BURIAL CREMATION. 23b. DATE (County) REMOVAL (Specify) 4.18.68 BALTIMORE M 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 1968

VR A15 (4) 30M REV. 1/68

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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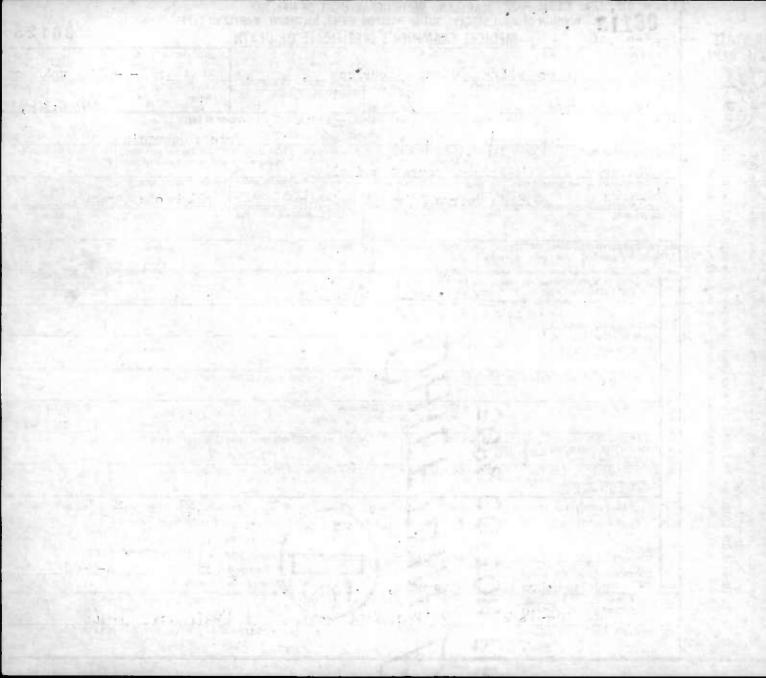
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STAT MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEP 1. DECEASED-NAME First Middle 2a. DATE KNOWNT Year (Type or Print) ESTI-DEATH MATED IF UNDER 24 HRS. 3. SEX 4. RACE AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY, OF DEATH form WIDOWED [DIVORCED A in Item 18. Give Poges with the Stote hours ofter deoth 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a-USUAL OCCUPATION (Kind of work dane. 1215 KIND OF BUSINESS OR death. deceased lived, if institution; Residence before 136 CUY or 13e. STREET AND NUMBER admission) STATE 13b. COUNTY. MO NO land 2 v ofter Middle 14. FATHER'S NAME haurs pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? pencil 16h SOCIAL SECURITY NO be executed within File .⊆ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF urial-tronsit Canditians, if any, which gave rise to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _ forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removal nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) P should 3 shoul PRIMARY OR CONTRIBUTING HOUR A.M cremation, CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. County City ar Town State factory, office building, etc.) DIRECTOR: Page NOT WHILE Page , pleose execute burial. for 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection 17 Inquiry X and in my apinian death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) 0 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMENAL STORY Woodland Richmond, Virginia W. Ernest Jarvis Co., Inc. 1432 You Street. VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 13d, DIVISION OF WITH RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01120 Items#12a,b, 06125 CERTIFICATE OF DEATH Film#G100 5/13 20. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death. (Type or print) Month Yeor Lillian 6:45 PM Senge IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR in by the pages last birthday) MDNTHS DAYS HDURS NAC 88 Female Caucasian 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEAT 8. MARRIED NEVER MARRIED WASHINGTON, D. C papers hin 72 ha WIDOWEDY XX DIVORCED Prince Georges filled i 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done burial, crematian, ar remaval, and in any event, within 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street address) INDUSTRY vsician and campletely f please remave carban Prince Geo. Gen'l Hospital Cheverly 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN odmission) STATE Maryland 13b. COUNTY
Prince Georges NO YEST College Park 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle N Hockman 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. DEKVILLE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Myscandra permit. IMMEDIATE CAUSE (a) Canditians, if any, which agve) burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed b PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta l attending has been as the 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 be detached far use State Dept. af Health p FUNERAL DIRECTOR: After this certificate be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED State Dept. 21e. PLACE OF INJURY (AT HDME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. City or Town County State While Nat while at work 22a. I certify that (I) (this transpital) attended the deceased fram + 20., 1968, ta April 23, 1968, that (I) (MAN) last saw the deceased glive an April 23. 19.68, and that in (my) sagest apinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated above, (1) (wet (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 25.68 **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 6872 Riverdale Rd., Lanham, Maryland Oliver Bond. 23c, NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d_ LOCATION (City or 0 24. FUNERAL DIRECTOR VR A15 (4) 1968 30M REV. 1/68

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5 may be retained for your files.

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TO DEPUTY

Health prior to burial, cremation, or removal, and in ony event within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1.	DECEASED-NAME First	Middle	Last	20. DATE KNOWN Mon	oth Day Year 2b. HOUR
н	(Type or Print) Ithe	7	Sharpe	OF ESTI- DEATH MATED \(\sum_{L-} \)	22-68 191:00pmM
3.	SEX 4. RACE		(In years IF UNDER 1 YEAR IF UND	ER 24 HRS. 2c. DATE PRONOUNCED DEAD	
		lost	birthday) MONTHS DAYS HOURS	Min. Month Day	Xear 1: DODmM
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	111 61	J. S.H.	WIDOWED DIVORCED	I THICE GEOLEE.	
10	. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:		. USUAL OCCUPATION (Kind of work daning most of working life, even if retired	
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13		sed lived, if institution: Residence before		TOC. STREET AND HOMBER	1. 11-1
	admission) STATE ZI, C,	13b. COUNTY	YES 🗹	NO 4420 Eads	St. M. E. Wash DC
14	. FATHER'S NAME First	Middle 3 Lost	15. MOTHER'S MAIDEN NAM	AE First Middle	Lost
	Fran	K Sharp		Arric	Williamson
16	o. WAS DECEASED EVER IN U.S. ARMED		<u> </u>	ADDRESS	ns.
		war or dates of service)	Watter	Shar 0- 153:	5- Anicostis bur
-	9e.>	1/33		1.101 1-103.	APPROXIMATE INTERVAL
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e	1/12 IMMEDIA	ATE CAUSE (o) Heart Taili			
	14120	DUE TO, OR AS A CONSEQUENCE OF	Hypertensive can	rdio vascular dise	ase unknown
	Canditians, if ony, which gove rise to immediate couse (a),	(b)			
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	PART 2. OTHER SIGNIFICANT COND	OITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(o)	
-	443X				
CEPTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION		20. AUTOPSY?
FICA		WAS PERFORMED?			YES XX NO
TOI	210. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Month, Day, Yeor	21c HOW INTERNATION	(Enter noture of injury in Port 1 or Port	
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MEDICAL	CAUSE OF DEATH	P.M. 19	015 105471011 5:		Court Co.
N		PLACE OF INJURY (At home, form, street, octory, affice building, etc.)	21f. LOCATION Street or R.F.D. I	No. City or Town	County State
	AT WORK AT WORK	, , , , , , , , , , , , , , , , , , ,			
	22o. I certify that I t	ook charge of the remoins describe	d obove, held an Autopsy 🔀	Inspection X, Inquiry	x, and in my opinion
		Natural Quses , Accident			
	/			AL EXAMINER	
	ACTUAL	Josh K. L.			ATE SIGNED
	SIGNATURE	7411 00	mio.	IEDICAL EXAMINER 22b. DA	22 60
	EXAMINER'S		ADDDECC/CL		-23-08
	NAME (Type) John Ke	hoe MD Riverdale	e, Mu.	eet, city, town, or county)	
2	3a BURIAL) CREMATION, REMOVAL (Specify) 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	Memoria (Specify)	-30-68 Baltim	ione, notional	Balimono, or	nd
2	4. FUNERAL DIRECTOR 54 2	uke 6/1 K ADDRE	SS 250. RE	100	AR'S SIGNATURE
	Wa	a ships ton A.C.	DMA	Y 3 1968 Jacob	nes Judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS. CERTIFICATE OF DEATH

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1	CERTIFICATE OF DEATH
	ASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR
(e ar print) Cossic Market Shelds Month & Day 19 Year of 359
3. SI	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
0. 3	lost birthdoy) Months DAYS HOURS MIN.
,	Female (aura, March 26, 1880 88" YRS.
70.	THPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	1.5.A. Americas WIDOWED DIVORCED Frince George's County, M.
10.	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	give street address) Regard Nursing House Ps. , and ologist MDUSTRY
130	SUAL DESIDENCE (Where decored lived if institution Peridence before 13c CITY OF TOWN 13a INSIDE CITY IMMISS 713 STREET AND NUMBER
adm	ign) STATE A / 136 COUNTY A / Washington / vcc No / 2010 / Aalorana no. N.W.
n	
14.	15. Motters Walter Walt
	William Henry Maxwell Elizabeth M. Lenox
160	/AS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
]	578-12-3384 George Sheldon, Son, Richmond, Virginia
	APPROXIMATE INTERVAL
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CORONARY Throm Dosis immediate
	4/0 9 DUE TO, OR AS A CONSEQUENCE OF
	onditions, if any, which gave) I Par para let pod Hotepla SCI paracie In I Parae
	se ta immediate cause (a), (D) DUE TO, OR AS A CONSEQUENCE OF
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R	CALISES OF DEATH?
RTI	YES NO CONSTRUCTION
	1a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.)
MEDICAL	f either, notify medical examiner) P.M. 19
ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
	While Nat while of twork at work
	2a. I certify that (I) (this haspital) attended the deceased from DEC. 13, 1966, to APR. 1968, that (I) (we) las
	saw the deceased alive on
	causes stated above, (I) (mm) (did not) view the body ofter death.
	25 SIGNATURE 22c DATE SIGNED
	DEGREE PHYS. ATTENDING MED. DIRECTOR DI
	2d. PHYSICIAN'S /. 22e. ADDRESS //)
	NAME (Type) WALTER D. SHEER 6400 MARIBORD PIKE SEWASH. D.C.
,	
23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
政	WHOLY Specify Cremation 4/20/68 Cedar Hill Crematory Suitland, Prince Georges, Md.
24.	INERAL DIRECTOR Chart E. Ui 1 ho 1m Film Director Home 1250. RECD BY REGISTRAR 1250. REGISTRAR SIGNATURE
	308 Suitland Road, Suitland, Maryland DATE AFR 24 1968 guarles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

MARYLAND	STATE I	DEPARTMEN	NT OF HEALTH	-BALTIMORE,	18
MEDICA	AI FXA	MINER'S	CERTIFICATI	F OF DEATH	

-0.	1/2	1.50	0	80
3	13	3	2	.1

08.2	AAE		STATE DEPARTMI L EXAMINER'S				Reg. Dist. No	0612		
1. PLACE OF DEATH o. COUNTY Prince G	eorge		MARYLAND	2. USUAL RESIDENCE	(Where decea	b. COUNT	1 6	fore admission)		
b. CITY OR TOWN (I and give necres) fower Laurel	f autside corporate limits, writ)}	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside car	porate limits, write	RURAL and give n	earest town)		
	eneral Hos		spital, give street address)	d. STREET ADDRESS	2			e. IS RESIDENCE ON A FARM YES NO		
3. NAME OF DECEASED (Type or print)	DECEASED		First Middle Billy Don			Shrive	4. DATE OF DEATH	Mont	h Day	/ Year / 19 68
S. SEX Male 6. COLOR OR RACE WIDOW		7. MARRI			DATE OF BIRTH		IF UNDER 1YEAR Months Days	Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				RY 11. BIRTHPLACE (Stor		country)	12. CITIZEN O	F WHAT COUNT		

L		MED DIVORCED 7/1/68 yrs.	34.
	10a. USUAL OCCUPATION (Give kind of work done 101 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Maryland 12. CITIZEN	OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Billy Don Shrive	Shirley Sturgill	
-		16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Yes, no, or unknown) (If yes, give wor or dates of service)	MR. BILLY DON SHRIVE ABOVE.	
	1B. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	ITERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Immature Raley.	NSEI AND DEATH
	769 0 DUE TO	printed Sixty	
	Conditions, if ony, which) (b)		
	gave rise to immediate cause	Salar Carrier	
	(a), stating the underlying DUE TO	INCOMPRESENT CERVIX.	
		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	3 176 ×		YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS 776 200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING 20b. DESCI	RIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	Hour o.m.	d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) All the street of the	(Stote)
	21. I certify that I taok charge of the	e remains described above, held an Autopsy 🔲, Inspection 🧻, Inquiry 🕻	7, and find that
	death resulted fram: Natural causes	Accident , Suicide , Hamicide , Undetermined cause .	
	1100		
	ACTUAL SIGNATURE	KA MO M.D. CHIEF MEDICAL EXAMINER [DATE SIGNED
	J. G. L. C.	ASSISTANT MEDICAL EXAMINER	
	EXAMINER'S NAME (Type)	DEPUTY MEDICAL EXAMINER	

22c. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.

VS. ATSME(S)

SM 9/S5

JOHN F. DENNY, INC. 715 Light St.

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)

Burial 4/12/68
23. FUNERAL DIRECTOR'S SIGNATURE

DATE

22d. LOCATION (City, town, or county)

Pk. Glen F 240. REC'D BY REGISTRAR Glen Burnie Md.

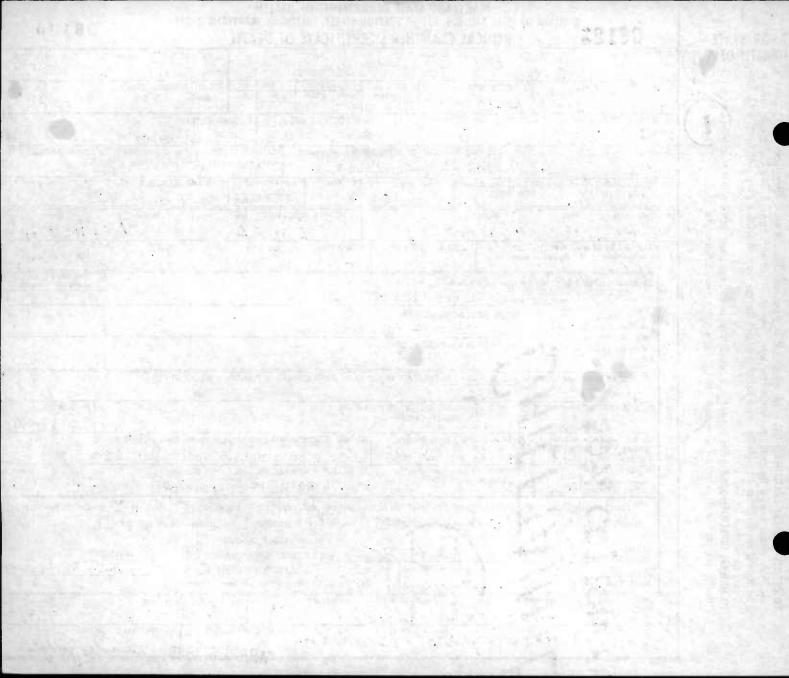
BY REGISTRAR 246. REGISTRAR'S SIGNATURE

100 1 C 1968 PCharles Judg.

(Stote)

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			Dy Cal			
		ed.				
		Tribusing	20 Mg -20 Mg			
The last war will	Plan Comment				\$ 4157 (LOS)	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 36133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1. DECEASED-NAME 2a. DATE KNOWN (Type ar Print) ESTI-OF Poge Lee Simpson ond 3 to Jerry DEATH MATED IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE 6. AGE (In years 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Day 7-7-40 white YRS l and 2 with the State-Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Examiner's Office along with form in Item 18. Give Pages 1, WIDOWED [DIVORCED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital hours ofter death 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR street address) during mast af warking life, even if retired.) INDUSTRY near Route 223 Deale 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Route 1, Box 479 Deale YES NO NO ofter 14. FATHER'S NAME Middle 1S. MOTHER'S MAJDEN NAME SIMPSON pages hours pencil 17. INFORMANT 6b. SOCIAL SECURITY NO be executed within (Yes, na, ar unknawn) Francois File .⊑ within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave Trauma - auto accident rise ta immediate cause (a). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 OS be used 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X YES 🗍 should be 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) FUNERAL DIRECTOR: Poge 3 should MEDICAL PRIMARY X OR CONTRIBUTING HOUR A.M. EXAMINER: driver of car involved in collision 2:50 P.M. am 4-7 1968 CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK Rte. 4 near Rte 223. Deale Md. P.G. 22a. 1 certify that I taak charge of the remains described above, held an Autopsy ... Inspection XI. Inquiry XI, and in my apinian death resulted fram: Natural Pauses / Accident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funerol ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER X Heolth Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county) 50 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Sperity) 4-10-68 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

45		WEDI	CAL EXAMIN	FK.2 C	ERIIFICAI	E OF DE	EATH			OBL	3%
I. DECEASED-NAM	Firs	st	Middle		Lost				inth Doy	Year	2b. HOUR
(Type or Print)	Jam	nes	F		Smith			OF ESTI- DEATH MATED 🔀 4.	-1.9-68	192:	10pm
3. SEX	4. RACE	S. DATE OF B	IRTH 1901 6 A	GE (In years	MONTHS DAY		24 NRS MIN.	2c. DATE PRONOUNCED DEA			2d. HOUR
Male	White	June 10	· 1701 "	ost birthday)		NOUIS	min.	Month Pay	ye 6	819 3:	wmq80
7a. BIRTHPLACE (S		76. CITIZEN OF W		8. MA	RRIED NEVER	MARRIED 🗌	9. COU	NTY OF DEATH	III TO THE		
country) Geor	rgia	1	ISA	WID	OWED D	IVORCED [Pr	ince George!	S		M
10. CITY OR TOWN	OF DEATH	nive	NAME OF HOSPITAL OR street oddress)			during	JSUAL OC	CUPATION (Kind of work do working life, even if retire	one 12b. KI	IND OF BUS	INESS OR
	everly	nsed lived if insti	nce George tution: Residence befo	re 13c. CIT	OR TOWN	13d. INSIDE CITY	LIMITS?	13e. STREET AND NUMBER			2000
odmission) SI	ATE T	1.13b. COUNTY	eorge Mt.	Poini	an	YES TO 1	NO 🗍	4400 28th.	Place	Ant.	2
14. FATHER'S NAM		Midd			15. MOTHER'S	MAIDEN NAME	First	Middle	2000	losi	
160. WAS DECEASED	EVER IN U.S. ARMED	FORCES?	16b. SOCIAL SECURITY	' NO.	17. INFORMANT			ADDRESS	71,20	100	
(Yes, na, ar unk	nawn) (If yes giv	re war or dates of service)									
1B. CAUSE	OF DEATH (Enter o	only one couse per	line for (o), (b), ond (c).)					9	APPROXIMATE ETWEEN ONSET	INTERVAL AND DEATH
	CHARLING CALLE	to DV	Heart fail							inute	
41	29	DUE TO, O	R AS A CONSEQUENCE	OF Art	erioscl	erotic	hear	rt disease	0	ver	5 yrs.
	if any, which gove	1 "									
	ediate couse (a), underlying couse	0115 50 0	R AS A CONSEQUENCE	OF	3-9-3						I libra
lost.	andonying coose	10									
PART 2. OTH	ER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED	TO THE TERMINA	L DISEASE OR	CONDITIO	N GIVEN IN PART 1(a)			
420								**			
19a. DATE O	F OPERATION		19b. CONDITION FOR	WHICH OP	ERATION				2	O. AUTOPSY	Y?
19a. DATE O			WAS PERFORME	D?						YES 🗀	NO K
210. EXTERN	AL CAUSE WAS		F INJURY Month, Doy, Y	eor	21c. HOW INJURY	OCCURRED (E	nter notur	re of injury in Part 1 or Port	t 2, Item 18.)		
PRIMARY CAUSE OF D	OR CONTRIBUTING		A.M. P.M. 19								
21d. INJURY	OCCURRED 21e.	. PLACE OF INJURY	(At home, form, street	,	21f. LOCATION Str	eet or R.F.D. No).	City ar Town	Coun	nty	Stote
WHILE AT WORK	NOT WHILE T	foctory, office build	ing, etc.)								
		took charge of	the remains descri	hed abay	e held an A	utansy 🗀	lns	pectian 🔀, Inquir	v 🖾 . (and in m	ny opinian
	resulted fram:	^			Suicide	. Homicio	_	Undetermined man			iy opiiiia.
dediii		11/1	1	,,,,		CHIEF MEDICAL	,				
ACTUAL		ah.	1.4	1		ASSISTANT MEDICAL			DATE SIGNED	,	
SIGNATUR	.//	- Em	1		M.D.	DEPUTY MEDICA		WINTER	4-20-6		
EXAMINER NAME (Typ	101 - 1	hoe MD	Riverdale	Md		ADDRESS(Street					
23o. BURIAL, CRE	MATION, / 23b	D. DATE			OR CREMATORY		23d.	LOCATION (City or Tawn)	(County	y) (S	State)
REMOVAL (S Buria	респу	4/24/68	Sold	iers!	Home Na	at. Cen	eter	y. Washingto	on. D.	C.	7 3 5
24. FUNERAL DIR				RESS		2Sa. REC'	D BY REG	GIŠTRAR 2Sb. REGISTR	RAR'S SIGNATU		
DANTET	T MoAns	TC II C	C-7 34		TT	DATEAP	R 2	1 1968 LCC	when	Judg	Sta .

VR A15ME (5) 10M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH

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Jona Latines (c. rungal Rott

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

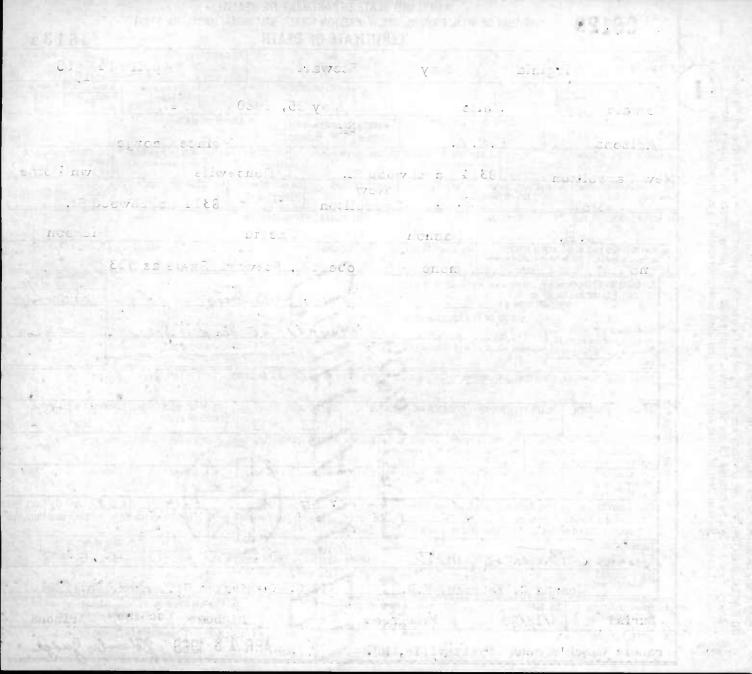
06134

	ype or print) V	irginia	May	Stewa		Morapri	10oy 14 Year 6	8 2b. HOUR
B. SE	Х	4. RACE		S. DATE O	BIRTH	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
F	Temale	Whit	te	May	25, 192	O lost birthday)	RS. MONTHS OAYS	HOURS MIN.
7o. E	BIRTHPLACE (Stote or fore	ign 7b. CITIZEN OF WHA	AT COUNTRY? 8. MAR	RIED NEVER I		COUNTY OF DEATH		
cour	Arizona	U.S.	INUDA	WED DI	VORCED [Prince Geor	one.	Md.
10. 0	ITY OR TOWN OF DEATH	11. NA/	ME OF HOSPITAL OR INSTITUTION	N (If not in haspite		OCCUPATION (Kind of work do	ine 12b. KIND OF	BUSINESS OR
NT.	C11t		reet address) L4 Larchwood	St.	during most	of working life, even if retire sewife	d.) INDUSTRY Own	Home
13o.	USUAL RESIDENCE (Where	deceased lived, if institution	14 Larchwood	LY OR TOWN	13d. INSIDE CITY LIMITS			
admi	issian) STATE		5 0	rollton	AE2 🔀 NO 🗆	8314 Larch	hwood St.	
14. [FATHER'S NAME First		Last		MAIDEN NAME First			Lost
	A. 1	H	Hannon	1 /3/	Cherie		Hicks	on
16a.	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17. INFORMANT	0.101.0	Addres		
Y	es, no, or unknown) (II	f yes give war or dates of service)	none	Robert	I. Stew	art Same as	#13	
		Enter only one couse per line					APPROXI	MATE INTERVAL DISET AND DEATH
	PART 1. DEATH WAS	S CAUSED BY:		Canas	in puns	bridney		5 MOT
	1890	IMMEDIATE CAUSE (a)		- wva	11000	UHU		3 MOT
	Conditions, if ony, which	h agve)	A CONSEQUENCE OF	adon	1. A	Ris.		7 111
	rise to immediate cou	se (o), (D) (D)	A CONSEQUENCE OF	accret	+ ca re	veraney		713
	stating the underlying last.	cause Doc 10, ok As	A CONSEQUENCE OF					
		ANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELAT	TED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1(o)		
	1803	/						
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICE	TH OPERATION WAS PERFORME	D 20o. A	UTOPSY?	20b. IF YES, WERE FINDIN	GS CONSIDERED IN C	ERTIFYING
FECA				YES	□ NO □	CAUSES OF DEATH?		
GRT	21o. ACCIDENT WAS UN	DERLYING 216. TIME OF	INJURY 2			oture of injury in Port 1 or Por	t 2, Item 18.)	
S	OR CONTRIBUTING CAU		Manth Day Year		,	100		
MEDICAL	(If either, natify medica		AT HOME, FARM, STREET, FACTORY,) 2 OFFICE BUILDING, ETC.	Olf LOCATION S	treet or R.F.D. No.	City or Tawn	County	State
	While Nat while at wark	l location mount	OFFICE BUILDING, ETC.	THE EDUTION S	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
	22a L certify that	(1) (this hasnital) atta	nded the deceased fran	n 1-7-1	7 19	_, to_4-14,	19 65 that	(1) (we) last
0	saw the dece	ased alive an	4 1968	, and that in	(my) (aur) apini	an death accurred an the	date and haur	and fram the
	causes stated	abave, (I) (we) (did) (did nat) view the bady a	fter death.				
	22b. SIGNATURE	p-		ATTF	DING MED	. STAFF	22c. DATE SIGNED	
		Balenray	m.D.	DEGREE PHYS	DIRE	CTOR PHYS.	4-15-	68
	22d. PHYSICIAN'S NAME (Type)				ADDRESS			001/
	Je	eanne C. Bate				ington St., Al		
23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMETER			23d. LOCATION (City or Town)		(Stote)
	BUY La Pecify)	4/18/68	Evergree	n		propee	AL.	zona
	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY	1 8 1968 PEGISTRA	AR'S SIGNATURE	100
PI	rancis Gasc	a's Sons Hya	attsville, Md	•	DATE MIN	70 1000	- Land	-

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar remayal, and in any event, within 72 hours after deather. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



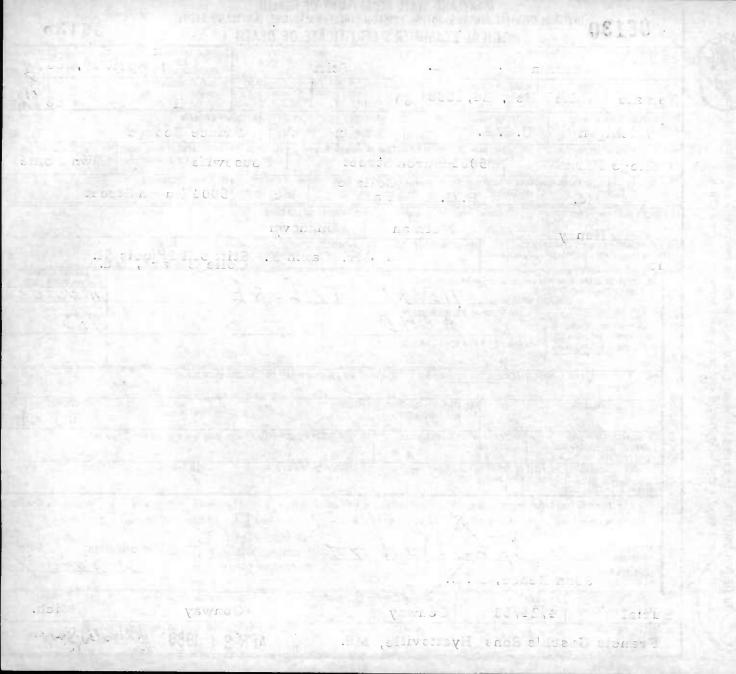
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		~	INIEDI	CAL EXAM	HINEK 2	CEKIIF	ICATE	טר טנ	АІП				
1. DECEASEI (Type or		First		Midd	le		Lost			20. DATE KNOWN Mant		Yeor	2b. HOUR
(Type of	rioi)	Emm	a	L.		S	titt			OF ESTI- Ap	ril 19), 1968	17:45
3. SEX		RACE	S. DATE OF B		6. AGE (In year		ER 1 YEAR DAYS	IF UNDER	24 HRS.	2c. DATE PRONOUNCED DEAD			2d HOUR
Fema	ale	White	Feb.	24, 1888	80 y	RS. MONTHS	DATS	HUUKS	MIN	April Doy	19 Yea	or 19 68	8 PAM
	LACE (Stote o		. CITIZEN OF Y	HAT COUNTRY?		MARRIED	NEVER MA	RRIED	9. COL	JNTY OF DEATH			
	lichig		U.S. A		W	IDOWED X	DIVO	RCED [P	rince George		11.5	Mo
	ege F			NAME OF HOSPITA			n hospitol			CCUPATION (Kind of work done		ND OF BUSI ₩n He	
130. USUAL odmissio		(Where deceosed	lived, if inst 13b. COUNTY	P. G.		M&gee ark	N 13	YES C N		13e. STREET AND NUMBER 5004 Huron S	Street	t	
14. FATHER	S NAME	First	Midd	lle	Last	1s. MOT	HER'S MAI	DEN NAME	First	Middle		Lost	
	יד	lenry		Mol	man		Unkn	own					
	CEASED EVER	IN U.S. ARMED FO	RCES?	16b. SOCIAL SECI	JRITY NO.	17. INFOR	MANT			ADD <u>R</u> ESS		164-19	
(Yes, no,	ar unknown)	(If yes give wo	or or dates of service			Mr.	Gar	th F.	St	itt 5111 Jrquoi	S.St.		
	CAUSE OF D	EATH (Enter anly	ane couse per	line for (o), (b), o	ond (c).)							APPROXIMATE TWEEN ONSET	
	PART I. DEA	TH WAS CAUSED	BY: E CAUSE (o)	HE	ART	1	EAI	LUI	PH		M	IALCS	TE J
1	1120	7	, ,	R AS A CONSEQUE	NCE OF.	- 1	7.1		1 1			1	
		, which gove	(b)	A 5	AD						190	25	
		rlying couse	, ,	OR AS A CONSEQUE	NCE OF								
last.)	(4)										
PART :	2. OTHER SIG	NIFICANT CONDITI	IONS CONTRIBL	JTING TO DEATH BI	UT NOT RELATE	D TO THE T	ERMINAL D	ISEASE OR (ONDITIO	ON GIVEN IN PART 1(o)			
14	200												
210. E	DATE OF OPE	RATION		19b. CONDITION		PERATION		VS =			20	D. AUTOPSY	?
HE I				WAS PERFO	ORMED?							YES 🗌	NOFF
	XTERNAL CAL			F INJURY Month, D	оу, Үеог	21c. HOW	INJURY OC	CURRED (En	ter notu	re of injury in Part 1 or Port 2	, Item 18.)		
	ARYOR C SE OF DEATH	ONTRIBUTING	HOUR	A.M. P.M.	19								
₹ 21d. II	NJURY OCCUP			(At home, form, s	treet,	21f. LOCATI	ON Street	or R.F.D. No.		City or Town	Count	у	State
WHI AT W		WHILE TOCK	ory, affice build	ing, etc.)									
100	22a. I ce	rtify that I tac	ak charge of	the remains de	escribed abo	ve held o	n Auto	nsv 🗆	Ins	spection , Inquiry		nd in m	y apinian
		Ited fram:	Natural ca	1.1	cident .	Suicid		Hamicid	_	Undetermined manne		no m m,	, apinian
			1	110		Joine		F MEDICAL					
ACTI			1/2	K2 11	11	-	1	ISTANT MED			TE SIGNED		
	NATURE MINER'S	1	11	11			M.D.	UTY MEDICA			1-1	11-6	V
	ME (Type)	John K	ehoe,	M. D.						wn, or county)	0		
23o. BURIA	AL, CREMATIO	N, /23b. D	ATE .	23c. NA	ME OF CEMETE	RY OR CREM	MATORY		23d.	LOCATION (City or Town)	(County)) (St	tote)
Buri	VAL (Specify)	4//	24/68	Con	nway				C	onway		Mic	
	AL DIRECTOR				ADDRESS	- FLF9	- 90	2Sa. REC'I		1000 (1071	'S SIGNATUI	RE O	
Fr	ancis	Gasch	s Sons	Hyatts	ville,	Md.		DATE A	PR	2 4 1968 800	iones	3 Jus	7

VR A15ME (5) 10M REV. 1/68

TO DEPUTY



necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Madical Control of the Chief Madical Contro O FUNERAL DIRECTOR: Page 3 should be used as buriol-transit permit. File pages I and 2 with the State Depart Health prior to buriol, cremation, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files. O DEPUTY

FOR STATE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

061		MEDIC	AL EXAMINE	R'S CI	ERTIFICAT	E OF DE	ATH			061	36
1. DECEASED-NAI		t	Middle		Last				onth Do	ay Year	2b. HOUR
(Type of Fian	" Ea	rl	LeRov		Streek	S		OF ESTI- DEATH MATED X 4	-17-6	68 195:	BOpm
3. SEX	4. RACE	S. DATE OF BIR	TH 6. AG	E (In years	IF UNDER 1 YEAR			2c. DATE PRONOUNCED DE	AD		2d. HOUR
Male	White	6-16-1		YRS.	MONTHS DAYS	HOURS	MIN.	Month 17Por		68 19 6:	250mm
70. BIRTHPLACE		7b. CITIZEN OF WHA		8. MAI	RRIED NEVER	MARRIED _	9. COUN	ITY OF DEATH	Sec.		
country) Ma	ryland	U.S.	Α.	WIDO	OWED D	IVORCED [Pri	nce George!	S		M
10. CITY OR TOW	N OF DEATH		ME OF HOSPITAL OR IN	NOITUTITZ	l (If nat in haspi			UPATION (Kind of work of		b. KIND OF BUS DUSTRY	SINESS OR
Cheve		Pri	ince George					working life, even if retir Ctrician	ed.)	DUSIKI	
130. USUAL RES	IDENCE (Where deced	sed lived, if institu	tion: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY I		139 STREET AND NUMBER LODGE			
admission)	Y		altimore (locke			₩ X	Warren Cou	rt Ap	ot. 2C	
14. FATHER'S NA		Middle	lost		15. MOTHER'S A	MAIDEN NAME	First	Middle		Las	
	Freder:		Streek				Nel			Sarba	cker
(Yes, no. or un	ED EVER IN U.S. ARMED	FORCES? war or dates of service)	16b. SOCIAL SECURITY N	/ /	7. INFORMANT			ADDRESS	1 - 0	N. A. A.	20
No			214-16-91	7	Ruth K.	Stree	ks I	6 Warren Loc	ige (
	E OF DEATH (Enter or	D DV.	ne for (a), (b), and (c).						500	APPROXIMATE BETWEEN ONSET	AND DEATH
I AN	IMMEDI	ATE CAUSE (a) ITE	eart failu			1000				minute	
41	20	DUE TO, OR	AS A CONSEQUENCE OF	Нуре	ertensi	re card	llo V	ascular dis	ease	over	18 yr
	s, if ony, which gove mediate cause (a).	(b)	3175								
stoting th	e underlying couse	DUE TO, OR	AS A CONSEQUENCE OF						AFG		
470		(c)									
PART 2. OT	HER SIGNIFICANT CON	DITIONS CONTRIBUTE	NG TO DEATH BUT NOT	RELATED	TO THE TERMINA	L DISEASE OR (CONDITION	GIVEN IN PART 1(o)			
NO 190 DATE	OF OPERATION		19b. CONDITION FOR V	ANICH UDE	DATION					20. AUTOPS	V2
IS 170. DAIL	OF OFERATION		WAS PERFORMED		KAHON					YES [7]	NO [33]
21g EXTER	NAL CAUSE WAS	21h TIME OF	NJURY Manth, Day, Yea	17 2	L HOW INTERY	OCCUPPED /Fn	ter nature	e af injury in Part 1 ar Pa	rt 2 Itam		NO [V]
₹ PRIMARY	OR CONTRIBUTING	HOUR A.A	Λ.	"	11011 1117011	OCCORNED (EII	ner nargre	s at injury in rail 1 at 1 a	ii Z, iieiii	10.)	
CAUSE OF		PLACE OF INJURY (A	A. 19 It home, farm, street,	2	1f. LOCATION Stre	et or R F D No.		City or Town		County	State
		actory, affice building			TI. COCKTION SITE	, or or K.I.D. 110.		City of Town		coomy	Sidle
220	o. I certify that I	took chorge of th	ne remoins describe	ed obove	e, held on Au	itopsy ,	Insp	pection [2], Inquir	у [Х,	ond in m	ny opinion
deat	h resulted from:	Natural caus	es 🔼 , Acciden	t 🔲,	Suicide	Homicid	le 🔲	Undetermined mo	nner [
	1	IN	1 1			HIEF MEDICAL	EXAMINE				
ACTUAL SIGNATU	RE CANT	5/5	1		M.D.	SSISTANT MED	ICAL EXAM	MINER 22b.	DATE SIG		
EXAMINE	10	1	THE TOTAL			EPUTY MEDICA	AL EXAMIN	ER 🖾	4	-18-68	
NAME (T	ype) John Ke	hoe MD	Riverda	le. 1	Md.	DDRESS(Street	, city, tow	n, ar county)			

24. FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68 Wm. Cook-Brooks Towson 1050 York Rd. 21204

23b. DATE

4/22/68

23a. BURIAL, CREMATION/ REMOVAL (Specify) Burial

Woodlawn Cemetery

2Sa.

DATE

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Woodlawn, Md.

(County)

(State)

23d. LOCATION (City or Tawn)

HASE TO SHOULD SEE THE SECOND LIGHT and the second s man and the state of the state State of the Control the second state of the se

WALL TO AN ADDRESS OF THE PARTY OF THE PARTY.

De-My Decreased Subsider

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

0048	3 77			PICHILIA	AIL OI D	EATT					2 00	
1. DECEASED-NAME	First		Middle		Last		2a. DATE OF			v	2b. I	HOUR
(Type ar print)	Iren	2	5		Swanso			A		Year Q.6.8	10	:58 M
. SEX		4. RACE			S. DATE OF BIRT		1	6. AGE (In years		RIYEAR	IF UNDER	24 HRS.
Female		White					0.1.0	last birthday)	MONTHS	DAYS	HOURS	MIN.
				0	Sept.	7	918	49 YR:).			L
a. BIRTHPLACE (State auntry)		7b. CITIZEN OF WI			NEVER MARRI		. COUNTY OF					
Virgin	iia	U.S.F	1.	WIDOWED	DIVORCE	D 🔲	Princ	e George				Md.
O. CITY OR TOWN OF	DEATH		AME OF HOSPITAL OR INS	TITUTION (If n	at in haspital	12a. USUAL	OCCUPATION	(Kind of work dane	12b.		BUSINESS	OR
Cheverly		Dgive	street address)		11 : +-	during mas	t at warking	life, even if retired.	ustis	USTRY		
		al live al if impaire	inn. Davidance before	13c CITY OR	TOWN 13	I. INSIDE CITY LIMI	ITS? 13e ST	REET AND NUMBER	marci	-		
idmission) STATE	1.1	13b. COUNTY	Vrince Geo.			ES NO	_	14 Jamest		21		
A FATUERIC MANE	ia.				SULUE	~~	200		own r	a	1 .	
4. FATHER'S NAME	First	Middle	Last	13	. MOTHER'S MAID			Middle			Last	
	Willia	Carre.	Bishop		THE SE	Bess	ie		p,	rito	heti	-
6a. WAS DECEASED E	VER IN U.S. ARM		16b. SOCIAL SECURITY N	0. 17.	NFORMANT			Address				MJ
Yes, aa, ar unknaw	n) (If yes give we	or or dates of service)	ues	R	obert L.	Swan	son 58	44 Jamest	our i	Rd	Hugs	tta
TIO CAUSE OF E	SATH (Enter and	v ana causa nas li	ne far (a), (b), and (c).)								MATE INTER	
	ATH WAS CAUSED		Acute Coro		Thromboo	ic					ONSET AND D	DEATH
1110	IMMEDIA	TE CAUSE (a)	Acute Core	mary	LIII OMDOS	12				11	nr.	
410	0	DUE TO, OR A	AS A CONSEQUENCE OF							^		
Canditians, if an		(b)	Coronar	y Hear	t Disea	se				3 y	rs.	
rise to immedia			AS A CONSEQUENCE OF					7 15		1910		
last.	ierrying coose	(c)	Hyperten	sion,	Essentia	al				20	yrs.	
PART 2 OTHER	SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO				NDITION GIVE	N IN PART I(a)				
11/200			INTO TO DENTI DOT THE	A KELMILD I	THE TEXTINGE	JISENSE OKCO						
3 7001	Cardiome		USU ODER LTIGHT WILL DE	FORMER	100 117000	110	Look II	VEC THESE SHIPINGS	CONCIDE	NED IN C	FATIFVINI	0
19a. DATE OF OPE	RATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PER	CHORMED	20a. AUTOPS	Y?		YES, WERE FINDINGS OF DEATH?	CONSIDER	EU IN C	EKIIFTING	3
MIE CONTRACTOR					YES [NO.						
				21c. H	OW INJURY OCCUI	RRED (Enter i	nature af inju	ry in Part 1 or Part 2	2, Item 18	.)	10000	
☐ OR CONTRIBUTING	CAUSE OF DEATH		Manth Day Year									
21d. INJURY OC	CURRED 21e.		AT HOME, FARM, STREET, FACT		CATION Street	or R.F.D. No.	City	ar Tawn	Coun	ity	S	state
While Nat v	vhile [OFFICE BUILDING, ETC.	/	3.00		41			1	100	
at wark at w	rark 1	1 1 1	1.1.4	1.6	1055	10	- 1-	/ 20 1	0.7.0	41 4	// /	V 1 .
220. I certify	thot (I) (thi	s hospital) off	ended the deceose	d from	1933	, 19	, 10	4-29,	9 <u>68</u>	., Inot	(I) (W	e) lost
	stoted obove	(I) (we) (did)	(did not) view the b	oody ofter	deoth.	(out) opin	ion deoin (occurred on the	one one	1 nour	ona iro)m ine
22b. SIGNATURE		11/	1.00		ATTENDING	MEI	n _	STAFF 22	c. DATE SI	GNED		
110	Mull	71. /K	Mulua	W DEGI	EE PHYS.	DIR	RECTOR -	PHYS.	4-3	0 - 68	,	
22d. PHYSICIAN		1 1			22e. ADDRE	SS			- 30			
NAME (Type	samue	el A. Hi	llman		8829	Flowe	er Ave	nue Silve	r Spi	ring	,Md.	
3a. BURIAL, CREMAT	ON. 23b. D	ATE	23c. NAME OF (EMETERY OF	CREMATORY	T	23d LOCATIO	ON (City or Town)	(Cau	nty)	(State	1
REMOVAL (Specif									-	Md		1
Sursal.	4 110	4 3, 196	8 Fort	incol	Cometa	ALL DECID OF	PECICION	ce George			٥	
24. STINERAL DIRECTO	- 17 -	len (ar	0 1) 1 -/ 4	corgia		Sa. REC'D BY		2Sb. REGISTRAI			1	
Warner &	. Pumph	rey, Inc	2. Silver	nain	a Md.	DATE MA	AY 6	1968 8	lion	Car)	1002	-

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this cerificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in ony event, within 72 hours affer deat Page 4 may be retained by the hospital or attending physician.

- Will Approve

Examiner Notified

Medical

VR A15 (4) 30M REV. 1/68

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ADMINISTRATOR

MARYLAND STATE DEPARTMENT OF HEALTH

30M REV. 1/68

District Land Land Control of Con

UC: E SOUS .V. J. J. Mark Roser Voll Mark.

Ball Cl 31746 Co. Sec. 1 alph

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06134

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

06139

. DECEASED-NAME	First Middle	Last	2a. DATE OF DEATH	2b. HOUR
(Type ar print)	Anna R	Teg	April Month 2	5. 1968 12:20
SEX	4. RACE	S. DATE OF BIRTH	6 AGE (In v	PEGES IF UNDER 1 YEAR IF UNDER 24 HRS.
Female	Caucasian	8/5/89	lost birthd	8 YRS. MONTHS DAYS HOURS MIN
O BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?			O 183.
country)	77. 6	8. MARRIED NEVER MARRIEI WIDOWED KK DIVORCED	J	
Wash. D.C	. U.S.A.		Prince Georg	
D. CITT OR TOTAL OF BEATIF				
Cheverly			during most of warking life, even if r HOUSOWITO	
	deceased lived, if institution: Residence by		INSIDE CITY LIMITS? 13e. STREET AND NUI	
dmission y Tand	Frince Georges	Chillum YE	S□ NO□ 5709 15th	Avenue
4. FATHER'S NAME First	Middle L	ost IS. MOTHER'S MAIDE	N NAME First A	Aiddle Lost
Joh	n H. Ral	ph	Minnie	Gussman
16a. WAS DECEASED EVER IN U				ddress
Yes, pa, ar unknawn) (If y	res give war or dates of service)	6-2308-T Mrs.E		
			TOTTOT MUCH (SDD	Ve address) APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Er	nter anly ane cause per line far (a), (b), ar	1 1 /	77 11 1 -	BETWEEN ONSET AND OEATH
	MMEDIATE CAUSE (a) Cerebi	rol Vascular	Hecident - 17	T. 2 Days
4120	DUE TO, OR AS A CONSEQUENCE			
Conditions, if ony, which	gave) (b) HYDer	THISIVE AINTER	10Sclerotic	1/ yrs.
rise to immediate couststating the underlying of	(a),			
lost.	(c)	teart Wis	SPOSP	
PART 2. OTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DI	ISEASE OR CONDITION GIVEN IN PART 1(c	1
-443x				
19a, DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION W	/AS PERFORMED 20g. AUTOPSY	20h IE VEC WEDE EI	NDINGS CONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 21a. ACCIDENT WAS UND	TABLE CONDITION FOR WITHEIT OF EXAMON F		CALISES OF DEATHS	NOMOS CONSIDERED IN CERTIFIED
		YES 🗀	NOXXX CAUSES OF DEATHE	
			RED (Enter nature of injury in Part 1 a	r Part 2, Item 18.)
OR CONTRIBUTING CAUSE (If either, natify medical		19		
	21e. PLACE OF INJURY (AT HOME, FARM, STR	EET, FACTORY.) 21f. LOCATION Street or	r R.F.D. No. City or Tawn	Caunty State
While Nat while at work	VOCFICE BUILDING, EI			
220. I certify that (l) (strict control) of tended the de	ceosed from April 8.	1968 to April 2	5 . 19 68 , that (I) (west to
sow the deceo	sed olive on April 25.	19 68 , and that in (mv) i	(ONC) opinion deoth occurred or	the dote and hour and from th
couses stoted	bove, (I) (we) (did) (distrot) view	the body ofter deoth.		
220 SIGNATURE	. /	ATTENDING	MED CTAFF	22c. DATE SIGNED
Mayles	C. Unneano!	DEGREE PHYS.	MED. STAFF PHYS.	April 25.196
22d. PHYSICIAN'S	- August	22e. ADDRES	S	7 20,000
NAME (Type)	Charles C. Hageage,	M. D. 3308	Perry Street Mt.R	ainier, Maryland
30. BURIAL, CREMATION,		AE OF CEMETERY OR CREMATORY	23d. LOCATION (City or To	
REMOVAL Specify		Lincoln Comete		
		ppecdiff Painian lac	DEC.D BA DECICIDAD SCP DE	GISTRAR'S SIGNATURE
Home I	lley's Funerala		U. KECU DI KEGISIKAK 230. KE	Miarles Judge
220		D/	ATE APR 29 1968	1

VR A15 (4) 30M REV. 1/68

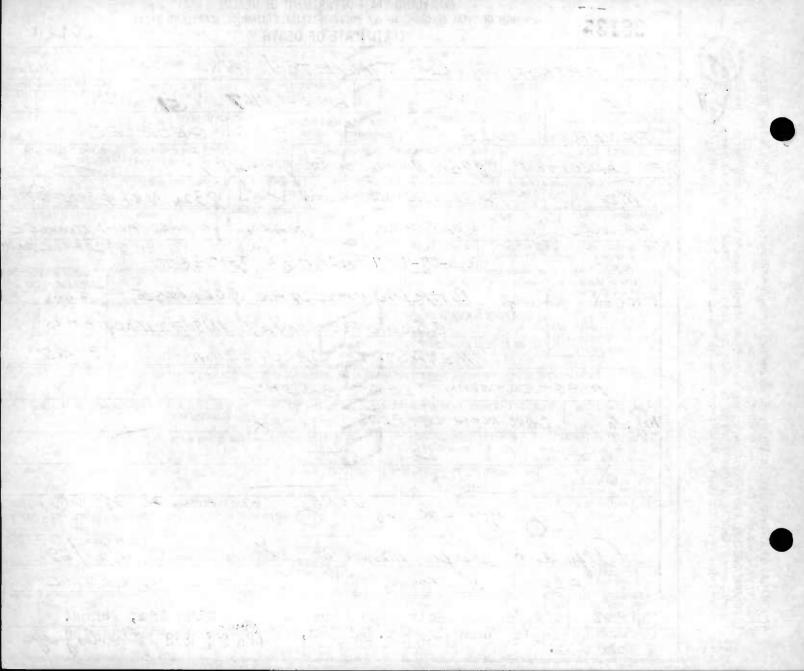
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deoth.

Page 4 may be retained by the hospitol or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs dept.

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	n interes	distant.				
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						Sharen -
L. Maryland	abil. 16, 189	145 AARDE E	• 4	C. Hardage, M.	Ungrion	
	A CENT					

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 361411 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH Lost 24 haurs after death. APRIL Month 21 Doy 1968eor (Type or print) 4 RACE 1F UNDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years lost birthday) OAYS MONTHS APRIL 21, 1 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED ve carban papers. event, within 72 ha country), .⊆ PR. GEORG USA PENNIF WIDOWED [DIVORCED [and completely filled 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.) INDUSTRY please remave carban NEW CARROLTON 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES NO _ NEWCREEPER crematian, ar removal, and in any 14 FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First HAYWOOD Y PAUS HAAR GEORGEANTAL MARY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT (If yes give war or dates of service) Yes, no, or unknown) 142-07-7947 THOMAS 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARDIO VASCULAR permit. IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF 2- +1 125 Conditions, if ony, which gove ; CARDIO PULMONTRY burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PASTATIC CARCINOMA YRS: signed burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar tal peen BREAST 19o. DATE OF DPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES [far use af Health Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 216. ACCIDENT WAS UNDERLYING 21c. HOW INJURY DCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, notify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from JUNE, 1967, ta HPRIC 20, 1968, that (I) (we) last saw the deceased alive an APRIC 20, 1968, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave. (1) (we) (did I did not) view the body after deoth 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. director, page 3 shauld be filed v Desu Mi DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) (Stote) ChGlenside, Penna. 24/68 Holy Sepulchre Funeral ADDRESSMt. Rainier 250. RECD B REGISTERAL Mary Land Nalley's VR A15 (4) Maryland Home Inc. 30M REV. 1/68 DATE



06136

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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36141	

	002	00		CER	IIFICA	TE OF DEATH	H			0.0	177
A	1. DECEASED-NA/ (Type or prin:		irst	Middle	7	Last 7	2a.	DATE OF DEATH Month	Day	Yeor	2b. HOUR
	1 CEV	UC	2551e	_D.		10mas		4	_//	UF UNDER I YEAR	I TO M
	3. SEX Fer	nale	4. RACE Colo	red	S. 1	DATE OF BIRTH	00	6. AGE (In y last birtho	years ay) YRS.	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	cauntry	(State or foreign	7b. CITIZEN OF WHAT	The state of the s	ARRIED	NEVER MARRIED DIVORCED	D	INIT OF DEATH	orae	Cour	ntu md
	10. CITY OR TOV			NE OF HOSPITAL OR INSTITUTE eet gedress)	ION (If not in		most of v	JPATION (Kind of working life, even if r		12b. KIND OF INDUSTRY	BUSINESS OR
0	13o. USUAL RESI admissian STA	DENCE (Where dec	eosed lived, if institution	n: Residence before 13c.	177		NO 🗌	13e. STREET AND NU	BOOK	e Di	_
4	14. FATHER'S NA	Will	Middle	Barnett	-	OTHER'S MAIDEN NAM	Bet	tie "	Middle	Al	len
	Yes, no, or un	SED EVER IN U.S. / known) (If yes gi	ive wor or dates of service)	6b. SOCIAL SECURITY NO. 346-66-6313	3 Mrs	Margaret	Grime		ddress Al	Iboro.	Md,
	1B. CAUSE PART	I. DEATH WAS CAL	anly ane cause per line USED BY: EDIATE CAUSE (a)	for (a), (b), and (c).)	bra	e her	מו וו	, hans	e		MATE INTERVAL NSET AND DEATH
į	Conditions	a g	DUE TO, OR AS	A CONSEQUENCE OF	ack	Perole-	Ch	derrac.	ulend	Estino	
		mediate cause (c underlying cau		A CONSEQUENCE OF	ty	sim	di	me			
	422	THER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RE	LATED TO TH	1	DR CONDITIO	ON GIVEN IN PART 1(d	1)		
	190. DATE (F OPERATION 1	9b. CONDITION FOR WHICH	H OPERATION WAS PERFORI		20a. AUTOPSY? YES NO		20b. IF YES, WERE FI CAUSES OF DEATH?	INDINGS COI	NSIDERED IN CE	ERTIFYING
	S OR CONTR	ENT WAS UNDERLIBUTING CAUSE OF I	DEATH HOUR A.M.	NJURY Month Day Year	21c. HOW	INJURY OCCURRED (E	nter nature	of injury in Part 1 a	r Part 2, Ite	em 18.)	
3				T HOME, FARM, STREET, FACTORY,) FFICE BUILDING, ETC.	21f. LOCA	TON Street ar R.F.D.	Na.	City ar Tawn		County	State
	22a. 1 c	ertify that (I)	dive on 4	ided the deceased from 1965	S and t	nat in (my) (enel	9 <u>68</u> , apinian d	ta <u>4-11</u> death accurred ar	, 19 <u>_0</u> n the date		(I) (weet) last and from the
	22b. SIGNA		eaRo	1	Megrel	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. D/	ATE SIGNED	
	22d. PHYS NAMI	CIAN'S (Type)	FIFRE.	DRU	3011	22e. ADDRESS	401	STUPE	Th	ANE	CHATAN.
	23a. BURIAL, CR REMOVAL (Specify)	Bb. DATE 4-13-68	23c. NAME OF CEME	TERY OR CRI	chopel		LOGIONON (City or To	2020	(Caunty)	(State)
	24. FUNERAL DI	AZIEK	25 - W/	9-SHING	TON,	DC DATE	D BY REGIS	1 5 1968	GISTRAR'S S	idnature	Judge

TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physician ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2-should be filed with the State Dept. of Health prior to burial, cremation, or removol, and in ony event, within 72 hours after death. VR A15 (4) 30M REV. 1/68

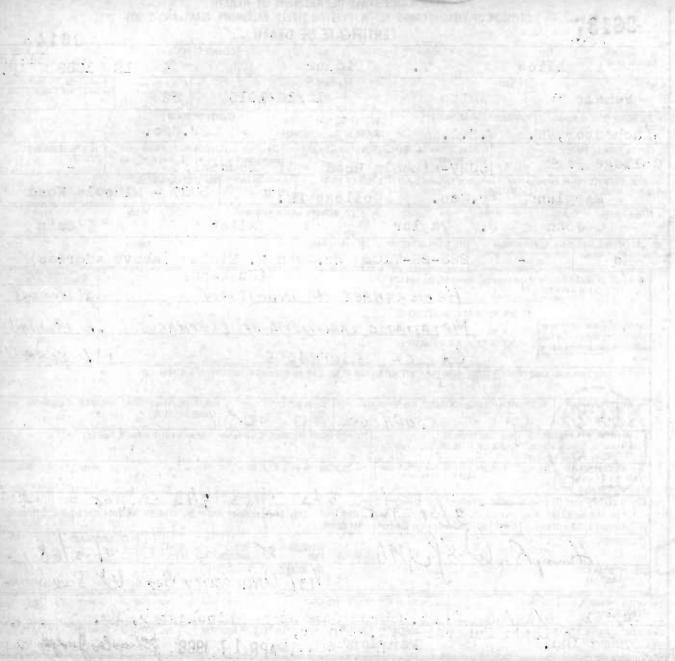
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 bours ofter deoth.

Page 4 may be retoined by the hospitol or ottending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR DECEASED-NAME First Middle Last 2a. DATE OF DEATH eath. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death pud (Type ar print) Alice T. Tidler 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years lest-birthday) 12/16/1915 Female White 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED Winchester Va. = Pr. Geo. U.S.A. WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR with give street oddress) 5027-Mineola during mast of warking life, even if retired.)
HOUSEWII' **INDUSTRY** College Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13e. STREET AND NUMBER 5027 - Mineola Road rvland College please remove Geo. 14. FATHER'S NAME 1S. MDTHER'S MAIDEN NAME First Middle Middle Last Last First Taylor John Alice Cain 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no er unknawn) (If yes give war or dates of service) burial, crematian, ar remaval, 223-26-7105 Mr.John W. Tidler address above Husband APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: HEMORRHAGE + INANITION MON7745 IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gave ! METASTATIC CARCINONA OF ESOPHAGUS rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ESOPHAGUS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? ds CAUSES OF DEATH? ESOPH AGUS YES this certificate be retained by the hospital or 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY County State City or Town While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this hospital) attended the deceased from shauld be saw the deceased alive an_ 1968, and that in (my) (our) opinion death occurred on the date and hour and from the directar, page 3 shauld shauld be filed with the couses stated above, (1) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE 22c. DATE/SIGNED **ATTENDING** DEGREE DIRECTOR PHYS Page 4 may b 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) NIU ERSITY 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION REMOYAL (Specify) /16/68 Mt. Hebron Cemetery Winchester. Va. Funeral ADDRESMt, Rainier, Maryland 24. FUNERAL DIRECTOR Nalley 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Home 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

V	6018	10		CER	RTIFICAT	E OF D	EATH			061	44
	. DECEASED-NAME (Type or print)	ROBER	7	Middle	T	lost 9CR		o. DATE OF DEATH	h Doy	Neor Yeor	2b. HOUR 3,34A1
)	S. SEX	LE	4. RACE WH	1115	S. [PATE OF BIRT	Н	6. AGE (I lost bir		IF UNDER 1 YEAR DAYS DAYS	IF UNDER 24 NRS. NOURS MIN.
+	o. CITY OR TOWN OF	YORK DEATH RLY	gives	ME OF HOSPITAL OR INSTITU treet address)	MARRIED IN IDOWED IT	DIVORCE hospitol	D 7. Co	OUNTY OF DEATH CUPATION (Kind of f working life, even	work done if retired.)	KGE 12b. KIND OF INDUSTRY LUSTIN	BUSINESS OR
	odmission) STATE		139 CPWEE		CITY OR TOV Lew, CARIC		ES NO	13e. STREET AND		EX	34.
	4. FATHER'S NAME 160. WAS DECEASED I Yes, no, or high now		FORCES?	Lost C-ER 16b. SOCIAL SECURITY NO. 309-12-43CH	17. INFO	UNK	NAME First	WIFE.	Middle Address 64		Lost NLEF ST
	Conditions, if or nise to immediate.	ny, which gave late cause (o), derlying cause	CAUSE (o) DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENCE OF S A CONSEQUENCE OF CORONER RY S A CONSEQUENCE OR D CALLER TING TO DEATH BUT NOT RI	Schen	Rosis Fun	faction		1(o)	BETWEEN D	MATE INTERVAL INSET AND DEATH Cours Years Years
	19a. DATE OF OP	ERATION 19b. CO	NDITION FOR WHI	CH OPERATION WAS PERFOR	MED	20a. AUTOPS	Y?	20b. IF YES, WER CAUSES OF DEATH		ISIDERED IN C	ERTIFYING
	OR CONTRIBUTION (If either, notify) 21d. INJURY OC While Not	WAS UNDERLYING G CAUSE DF DEATN Medicol exominer CURRED While Work WAS UNDERLYING BEAUTION WHO WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING WAS UNDERLYING BEAUTION WAS UNDERLYING WAS UN		INJURY Month Doy Yeor 19 AT NOME, FARM, STREET, FACTORY, OFFICE BUILDING, FTC.				ure of injury in Port City ar Town	1 or Port 2, Ite	m 18.) County	Stote
	22a. I certif	y that (1) (this e deceased aliv stated abave)	e an 3/	nded the deceased f	o, and th	at in (mg)	, 19 .66 (aur) apiniar	, ta <u>#/2,</u> n death accurred	an the date	, that and haur	(We) las and fram the
		nuy h.	Streve G. S.	HERER, M	DEGREE	ATTENDING PHYS. 22e. ADDRE	MED. DIRECT	ERSHING	□ 5	4/22/	795
1	3a. BURIAL, CREMAT		25/101	23c. NAME OF CEME		MATORY		d. LOCATION (City or		(County)	(Stote)

1400

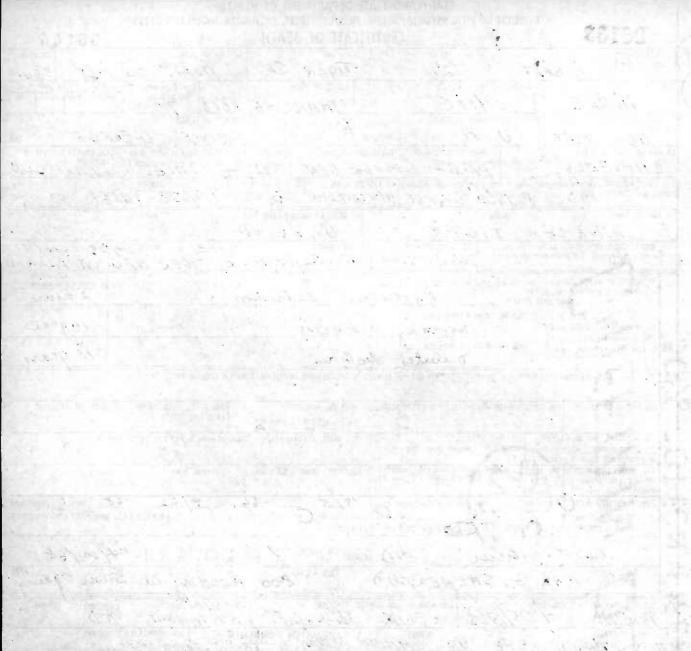
2Sa. REC'D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE

1968

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept. Poge 4 moy be retained by the hospital or attending physicion. VR A15 (4) 30M REV. 1/68

24. FUNERAL DIRECTOR



II	tems 7a & 7b Fi	MARYLAN DIVISION OF VITAL RECORDS,	ID STATE I 301 W. PR	DEPARTMENT OF ESTON STREET, BAL	HEALTH TIMORE, MARY	(LAND 21201	0.0	4 2 1=
	4/15/68 kk	6139	CERTIFICA	ATE OF DEATH			00	145
	ECEASED-NAME First Type or print)	Middle cille	Transo	Lost	20. DATE OF D	EATH Month Doy	1968	2b. HOUR P
3. SI		4. RACE		S. DATE OF BIRTH	April	5. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
	Female	Negroid		9/1/1900		10st birthdoy) YRS.	MONTHS OAYS	HOURS MIN.
7o.	BIRTHPLACE (Stote or foreign ntv.) Virginia	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED [NEVER MARRIED DIVORCED	9. COUNTY OF D			MA
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If no	t in hospital 120. US	UAL OCCUPATION ((ind of work done	12b. KIND OF	F BUSINESS OR
	heverly	give street oddress) Prince Georg sed lived, if institution: Residence before				ET AND NUMBER		
odm	ission) STATE Iaryland	13b. COUNTY Prince Georges			No.	54th Ave	nue	
14.	FATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME	First	Middle		Lost
	Rober	ct P. Jackson		Mary M.	Smith			
	. WAS DECEASED EVER IN U.S. AR (es, no, or unknown) (If yes give	MED FORCES? wor or dotes of service) 16b. SOCIAL SECURITY				Address	Suit1	andd M
-		one	Pa	uline J.	Scott-4	908 Demi	ng Dr	(MATE INTERVAL
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), ond (c)	Bronche	-pneumonia,			BETWEEN	ONSET AND OEATH
		ATE CAUSE (o)	DIONCIA	-phedmonta,				
	400 X	DUE TO, OR AS A CONSEQUENCE OF		anish info		1 1	E4	
	Conditions, if ony, which gove rise to immediate couse (a),	(D)		with infar	ction or			4
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				lobe	,	
	lost.	(c) Pulmonary				IN DART 1/-1		
	465 X	NDITIONS CONTRIBUTING TO DEATH BUT N	IOI KELAIED IO	THE TERMINAL DISEASE OF	K CONDITION GIVEN	IN PART I(0)		
TION		. CONDITION FOR WHICH OPERATION WAS PE	REORMED	20o. AUTOPSY?	20b. IF Y	ES, WERE FINDINGS C	ONSIDERED IN C	CERTIFYING
CERTIFICATION				YES NO [CALICEC	OF DEATH?		
	21o. ACCIDENT WAS UNDERLYI		21c. HO	W INJURY OCCURRED (En		in Port 1 or Port 2,		
MEDICAL	OR CONTRIBUTING CAUSE OF OF		9					
MED		. PLACE OF INJURY (AT HOME, FARM, STREET, FA		ATION Street or R.F.D. N	No. City o	r Town	County	Stote
		nis hospital) attended the deceos	ed from	March 31.19.	68_, to_An	ril 4 , 19	58_, tha	t (1) (we) las
	saw the deceased	nis hospital) attended the deceos alive on April 4	1968_, ond	that in (my) (our) o	pinion death oc	curred on the do	te ond hour	ond from the
	causes stated abav	e,划 (we) (did) (就丈成就 view the	bady after d	eath.			- 1	
	22b. SIGNATURE B. Ba	haa	DEGRE	ATTENDING	MED.	STAFF FEE	HIG,	10
	22d. PHYSICIAN'S	Mame, Mil	DEGKE	PHYS. 22e. ADDRESS	DIRECTOR \Box	PHYS. XX	1/0/0	s &
		am Bahrami, M.D.			ornes Co	neral Hos	nital C	hever1
230	BURIAL CREMATION 23b.		CEMETERY OR			(City or Town)		larytand
200	REMOVAL (Specify)	10/68 Har	MIDZ	cop.	Xan	land 6	mi	
24.	FUNERAL DIRECTOR	ADDRESS	/	2So. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	. Oudas.
1	Free 60-30	015-120178	V	DATE	APR 10	1968	March	10

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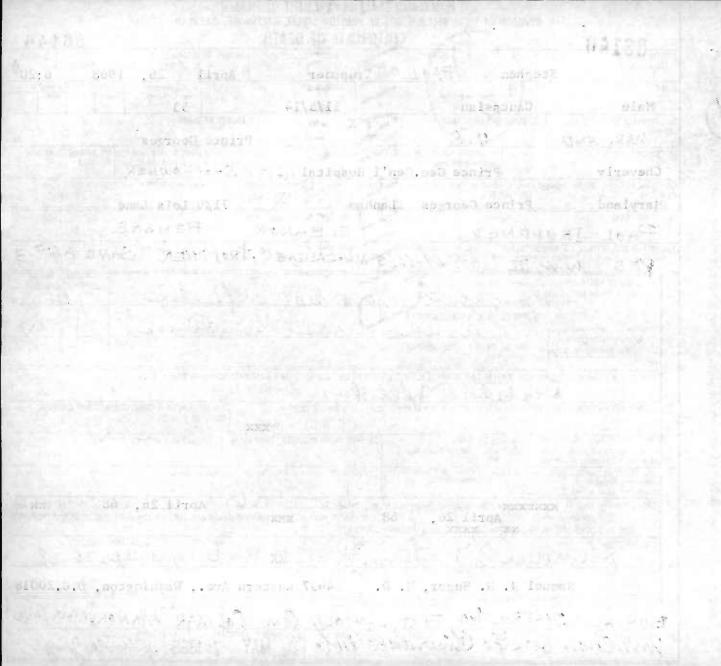
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month PAUL Stephen Truppner 4. RACE S. DATE OF BIRTH 3. SEX IF UNDER 1 YEAR 6. AGE (In years last birthdoy) HOURS MONTHS Male Caucasian 11/5/14 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND DIVORCED WIDOWED [Prince Georges physician and campletely filled Within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY please remave carban Cheverly Prince Geo.Gen'l Hospital event. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE

Maryland 13b. COUNTY
Prince Georges Lanham and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle PENSKE ELEANOR 17. INFORMANT MAGDALENE C, TRUPPHER Address SAME 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes no or unknown) ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) crematian, Conditions, if any, which gove) burial-transit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be refained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO XX 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this position) attended the deceased fram war [, 1966, ta April 26, 19 68 , that (I) (west last saw the deceased alive an April 26, 1968, and that in (my) touck opinion death accurred on the date and haur and fram the couses stated obave, (I) (vex(did) (xixxxx) view the bady ofter death. shauld 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed v PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Samuel J. N. Sugar, M. D. 4637 Eastern Ave., Washington, D.C.20018 23a. BURIAL, CREMATION, (EM,

30M REV. 1/68



Moe Weiss, M.D.

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

Ft Lincoln Cemetery

22e. ADDRESS Glenn Dale Hospital

K

4/25/1968

Glenn Dale, Maryland 23d. LOCATION (City or Town)

(County) (State)

VR A15 (4) 30M REV. 1/68

O FUNERAL DIRECTOR: After this certificate has been

be retained

law requires that the death certificate be executed within 24 hours after death.

and campletely filled in by

24. FUNERAL DIRECTOR

22d. PHYSICIAN'S

23a. BURIAL CREMATION.

REMOVAL (Specify)

NAME (Type)

Lee Funeral Home. 300.4th st

23b. DATE

MED. DIRECTOR

25g. REC'D BY REGISTRAR

Colmar Manor Maryland
GISTRAR 25b. REGISTRAR'S SIGNATURE ycharles Judge

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Michigan County				moch yorotociti	
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TO FUNERAL DIRECTOR: After this certificate hos been signed by the attending physicion and completely filled in by the <u>Luveral</u> director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs/Page 4 may be retained by the hospital or attending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

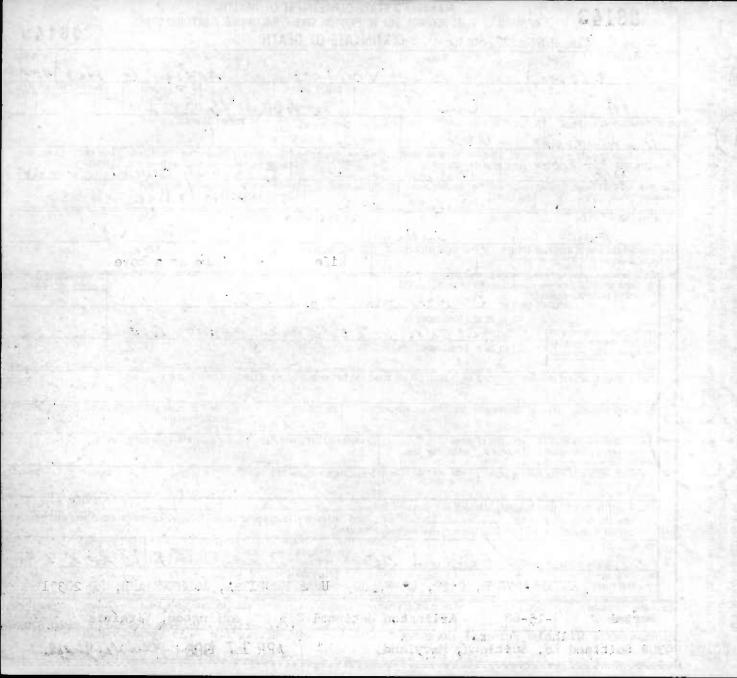
4								2 2 44 79
	ECEASED-NAME (ype or print)	First	Middle	Valenti		ATE OF DEATH Month	Doy 30Yeor19	2b. HOUR _
3. SE		4. RACE Cana		S. DATE OF BIRT	- 84	6. AGE (In yeors lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS (RS.	IF UNDER 24 HRS. HOURS MIN.
COU	BIRTHPLACE (State or foreignity) Tenness C	2/ 2/ S	W! E OF HOSPITAL OR INSTITUT	ARRIED NEVER MARRII DOWED DIVORCE ION (If not in haspital		PATION (Kind of wark do	Georges	BUSINESS OR
6	reenbelt,	mal. give stre	een belt (mal Center	during most of wo	orking life, even if retire	d.) INDUSTRY	DOJINEJJ OK
13o. odm	USUAL RESIDENCE (Where dission) STATE Md,	deceosed lived, if institution 13b. COUNTY	· Residence hefore 13c		ES NO	13e. STREET AND NUMBER 4 303 K	enny St	4.
	FATHER'S NAME First	bert Middle	Valentine		EN NAME First	4 beth Middle	BAZ	lost
	(es, no, or unknown) (If you	S. ARMED FORCES? es give war or dates of service)	66. SOCIAL SECURITY NO. 220 - 487-95	17. INFORMANT	Mr. Dale	& Valentin	ie St	ane
	1B. CAUSE OF DEATH (En PART I. DEATH WAS IN Londitions, if ony which rise to immediate couse stoting the underlying co	DUE TO, OR AS (o), (b)	Cerch	ral thouse	loses	ler dies	APPROX BETWEEN (IMATE INTERVAL ONSET AND DEATH
	PART 2. OTHER SIGNIFICAN	(c) IT CONDITIONS CONTRIBUTION	IG TO DEATH BUT NOT RE	LATED TO THE TERMINAL D	ISEASE OR CONDITION	N GIVEN IN PART 1(0)		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED 200. AUTOPS		20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN C	ERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDED ON CONTRIBUTING CAUSE (If either, notify medical e	OF DEATH HOUR A.M. P.M.	Month Doy Year			of injury in Port 1 or Port	t 2, Item 18.)	
W	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (A)				City or Town	County	Stote
È,	22a. I certify that (I saw the deceas causes stated a) (this hospital) attended alive an dive dive (l) (we) (did) (d	ded the deceased fr 29/68 19 id not) yiew the bady	am	2 , 19 , t (our) apinian de	a <i>4/30/68</i> eath accurred an the	19, that date and haur	t (I) (we) -last and fram the
	22b. SIGNATURE 22d. PHYSICIAN'S	Mleunt	Paulh	ATTENDING PHYS. 22e. ADDRE	MED. DIRECTOR	STAFF PHYS.	22c. DAJE SIGNED 4/30/60	9
	NAME (Type)		1		l ac i i			
230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5/4/68	Union Ce			OCATION (City or Town) Wport, Te		(Stote)
	FUNERAL DIRECTOR Na.	lley's Fun	eral Marvis	Rainier,	o. REC'D BY REGIST		AR'S SIGNATURE	fot.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	Item 6 Film G3994/22/6	8 kk CERI	IFICATE OF DEA	ATH		0(1149
	CEASED-NAME First	Middle	Lost	2o. DATE OF		. V	2b. HOUR
(1	ype or print) LeoNar &	E	Valley	AI	PRIL 12	1968	6:0AM
3. SE	X 4. RACE	Cau	s. date of bilkth	DR1/1/6	6. AGE (In yeors lost birthdoy) 51 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
7o. I	SIRTHPLACE (State or foreign 7b. CITIZEN OF W	MA	RRIED NEVER MARRIED	9. COUNTY OF	DEATH		
	New Hampshers	411	OWED DIVORCED		. G.		Md.
10 C	or town of Death Force Basesive	AME OF HOSPITAL OR INSTITUTION Street oddress) Malcolph G	row di	o. USUAL OCCUPATION oring most of working		12b. KIND OF E	BUSINESS OR
	USUAL RESIDENCE (Where deceosed lived, if institutions) STATE 13b. COUNTY	rion: Residence before 13c. (TO C YES[07 Byers	84 5	13
14. 1	ATHER'S NAME First Middle	Lost	1S. MOTHER'S MAIDEN	NAME First	Middle	,	Lost
	Edward	Valley		The last	Russ	2//	
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give war or dates of service)	16b. SOCIAL SECURITY NO. /	17. INFORMANT Wife	Sam	e as a bov	e	
	18. CAUSE OF DEATH (Enter only one couse per li	ne for (o), (b), and (c).)					IATE INTERVAL ISET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	CARDIA	CARR	EST			
		AS A CONSEQUENCE OF					
	Conditions, if ony, which gove) rise to immediate couse (o),	RTER105	CLEROTI	C HEAR	T PISEA	SE	
	stoting the underlying couse DUE TO, OR	AS A CONSEQUENCE OF					
	last. (c)						
N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBL 4200	ITING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISE	ASE OR CONDITION GIVE	V IN PART I(o)		
THEAT	196. DATE OF OPERATION 196. CONDITION FOR WH	IICH OPERATION WAS PERFORM	ED 200. AUTOPSY? YES		YES, WERE FINDINGS C OF DEATH?	ONSIDERED IN CE	RTIFYING
MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING 21b. TIME O HOUR A.M. (If either, notify medical examiner)	F INJURY Month Doy Yeor	21c. HOW INJURY OCCURRED	(Enter noture of inju	ry in Port 1 or Port 2,	ltem 18.)	
ME		(AT HOME, FARM, STREET, FACTORY,) OFFICE BUILDING, ETC.	21f. LOCATION Street or R	F.D. No. City	or Town	County	Stote
	22a. I certify that (I) (this haspital) att saw the deceased alive an causes stated abave, (I) (we) (did)	19	_, and that in (my) (a	, 19, ta ur) apinian death c	, 19. accurred an the da		(I) (we) last and fram the
	22b. SIGNATUKE	20		MED		DATE SIGNED	
	Moun Mi	Clar Me	DEGREE PHYS.	☐ MED. DIRECTOR ☐	STAFF PHYS. 2	APR	68
	22d. PHYSICIAN'S NAME (Type) ARVIN ARTHUR	, CAPT, USAF,	MC 22e. ADDRESS USAF H	OSPITAL, A	NDREWS AFB	, MD 20	331
230.	BURIAL, CREMATION, 23b. DATE 4-15-68	23c. NAME OF CEMETE Arlington	RY OR CREMATORY National Cem		ON (City or Town) gton, Virg	(County) inia	(Stote)
	FUNERAL DIRECTOR Wilhelm Funer 08 Suitland Rd. Suitla			REC'D BY REGISTRAR PR 1 7 191	25b. REGISTRAR'S	SIGNATURE	se.

VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 06150 DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR Month 19, Boy (Type or print) Baby Vaughan 2:45 M April 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) HOURS signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carban papers. Pages Male Caucasian April 19, 1968 remave carban papers. Pag n any event, within 72 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED XX country) WIDOWED [DIVORCED Maryland U.S.A. Prnce Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY Cheverly Prince Geo. Gen'l Hospital 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE
Maryland YES NO Prince Georges 8539 Clenn Dale Rd Greenbelt and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Christ Edwin Bauchan Timothy Vaughan Mary 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, of unknown) (If yes give war or dates of service) Same Father APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) tar use as the l Health priar ta b this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO_[_ 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year detached for (If either, natify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 220. I certify that (I) (this haspital) attended the deceosed from April 19, 1968, to April 19, 1968, that (I) (we) last sow the deceosed alive on April 19, 1968, and that in (my) (our) aprinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS director, po should be f NAME (Type) 1332 N. Hampshire Ave. NW. Washington, D. C. Albert I. Robins, M.D. 230. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) (State) (County) REMOVAL (Specify) 24. FUNERAL DIRECTOR 25b. REGISTRAP'S SIGNA 2So. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68

81-10625

The law requires that the death certificate be executed within 24 haurs after death.

the hospital ar attending physician.

O FUNERAL DIRECTOR: After

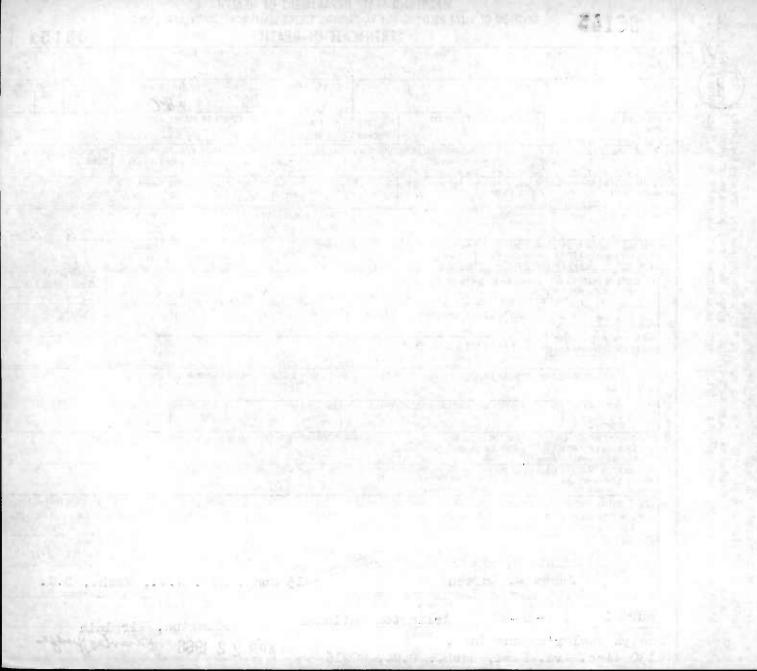
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In veors 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done) 12b. KIND OF BUSINESS OR give street oddress)

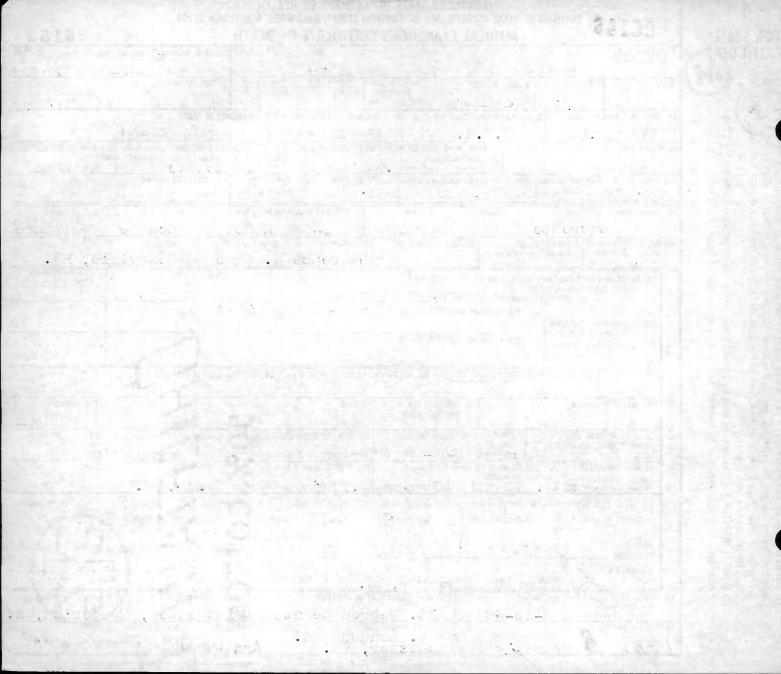
ARROLL MANER during most of working life, even if retired.) remave carban 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Hemorkage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Idr OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram lawcom, 1966, ta facil 18, 1968, that (I) (we) last saw the deceased alive an March 27, 1966, and that in (my) (our) opinion death accurred and the date and have and fram the causes stated above, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR Page 4 may 22d. PHYSICIAN'S directar, po shauld be f James M. Loftus NAME (Type) 5415 Conn. Ave. N.W. Wash., D.C. 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BMOWAL (Spacify) 4-22-68 Arlington National 24 Joseph Gawler's Sons Inc., VR A15 (4) 30M REV. 1/68 DATE APR 2 2 5130 Wisc. Ave. N.W., Wash., D.C., 2001

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME Middle Month 2b. HOUR (Type or Print) EST1-OF my-delay is 2, and 3 to Page DEATH MATED 11-10-68 Walton 2 . 50 DM 4. RACE 6. AGE (In years IF LINDER 24 HRS. 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR poges land 2 with the State Departmen last birthday) 10-14-1902 197 . 7 8 pm M Female. White YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED in pencil in Item 18. Give Pages 7, country)Virginia DIVORCED U.S.A. WIDOWED X Prince George's 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR Office along with during most of working life, even if retired.)
Housewife give street oddress) INDUSTRY Cheverly Prince George Hospital
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death dary land Prince George Hillside YES NO 5706 L Street 24 hours after 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lawrence Horner Ethel Whitacre Lennie hours forworded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** be executed within (Yes, no, or unknown) (If yes give war or dates of service) Lawrence H. Sine Beltsville. Md. File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Laceration of brain pending event DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accodent Conditions, if ony, which gove rise to immediate couse (o), This certificate should pleose execute the certificate, writing the word any DUE TO OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 removol, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [NO X pe should be Or 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY TOOR CONTRIBUTING buriol, cremotion, MEDICAL 4-10- 19 68 Driver of car involved in collision CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK 301 and Cheltenham Rd. Prince George County. Md. for 220. I certify that I took charge of the remains described above, held on Autopsy Inspection . Inquiry X ond in my opinion the funerol director. be retained deoth resulted from: Notural couses Accident X Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE necessory, O DEPUTY DEPUTY MEDICAL EXAMINER 5 may to FUNER Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, or county) Kehoe MD Riverdale. Md. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 4-13-68 Mt. Hebron Cemetery Winchester, Frederick, Va. Buria 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 455 N. Loudoun St Minerales Inda VR A15ME (5) Winchester. Va. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



10M REV. 1/68

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE DECEASED-NAME First 2a. DATE KNOWN X Manth Yeor (Type or Print) OF ESTIdelay is and 3 ta Page 168 John Francis of Washington DEATH MATED O IF UNDER 24 HRS. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD PM3. last birthday) Year lond 2 with the State Deportm Negro male 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X in Item 18. Give Pages 1, 15. 1. DIVORCED | WIDOWED Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR along with during most of working life, even if retired.) INDUSTRY Seat Pleasant sevelt Avenue 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER deoth. odmission) STATE 13b. COUNTY 59th Street. N.E. hours ofter 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME Middle First GATRICE ASHINGTON Examiner's poges hours 17. INFORMANT 16b. SOCIAL SECURITY NO. (DISTER) pencil be executed within (Yes, na, ar unknown) (If yes give war or dates of service) FORD File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) Ginshot wound of chest DUE TO, OR AS A CONSEQUENCE OF buriol-transit forwarded to the Chief Conditions, if ony, which gave rise ta immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be used 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION WAS PERFORMED? YES X NO T please execute the certificate, should be 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY X OR CONTRIBUTING MEDICAL cremotion, :50.M. pm 4-1919 68 shot during bank robbery CAUSE OF DEATH 21f. LOCATION Street ar R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, City or Tawn Suburban Trust FUNERAL DIRECTOR: Page Company 6800 Roosevelt Ave., St. Pleasant, P.G. 220. I certify that I took charge of the remains described above, held on Autopsy \(\otimes_1 \), Inspection X, Inquiry X ond in my opinion Notural causes Accident Homicide X Undetermined monner deoth resulted from: Suicide . CHIEF MEDICAL EXAMINER Heolth prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 4-20-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Kehoe M.D., Riverdale, Maryland ADDRESS(Street, city, town, or county) NAME (Type) JOY 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATIO 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify OURIAL 250. REC'D BY REGISTRAR 24-FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORD

S,	301	W.	PRESTON	STREET,	BALTIMORE,	MARYLAND	212
-	CD.	TIE	CATE C	T DEA	TH		

01 06149 06155 CERTIFICATE OF DEATH DECEASED-NAME First Middle 2g. DATE OF DEATH Lost 2b. HOUR (Type or print) Manth Gertrude Waters 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) NONTHS 2-8-90 Female White 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [Prince George Mary land IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during radst af working life, even if retired.) **INDUSTRY** Riverdale Leland Memoria] LIMITS? 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES X NO 🗆 RO4 Mongomery Laurel 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Ellis Curley Sarah E. Lawrence 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, ng, or unknown) (If yes give wor or dates of service) Queensbury Rd. Hospital Record unknown

	y one cause per line far (a), (b), and (c).)	BETWEEN ONSET AND DEAT
PART I. DEATH WAS CAUSED IMMEDIA	BY: TE CAUSE (a) Metastatic Carcinoma	
1560	DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if ony, which gave nise to immediate cause (o),	(b) Carcinoma of the Gall Bladder	
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	
last.	(t)	
PART 2. OTHER SIGNIFICANT CONF	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
1551	3	

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO T

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1- or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M.

21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County While Not while at work 4/10/00/19

22a. I certify that (I) (this hospital) attended the deceased from_ saw the deceased alive an 1: 112/68 and that in (my) (our) opinion death accurred on the dote and hour and from the couse stated above ((1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATUR

Stote

(State)

ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS

Wingfield, Laurel, Maryland Robert NAME (Type)

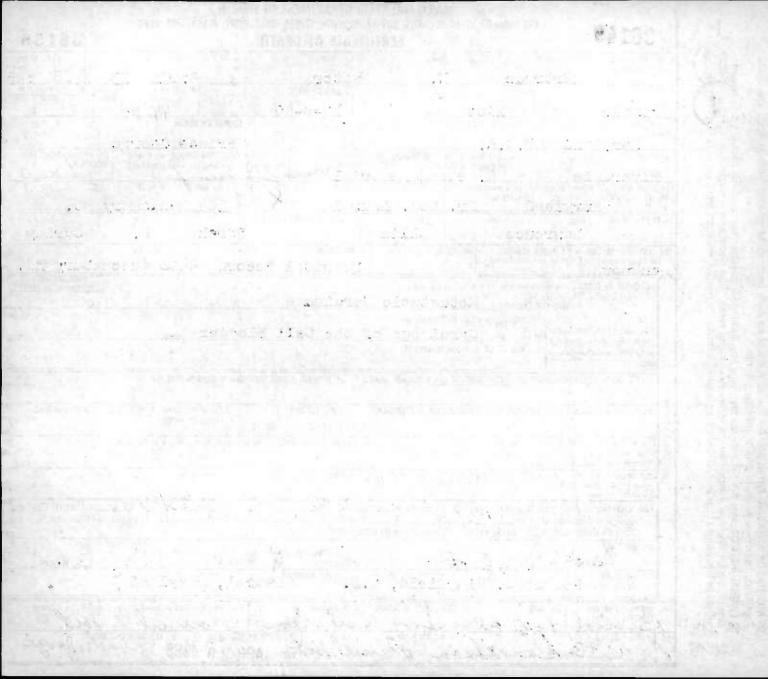
23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) 25b. REGISTRAR'S SIGNATURE EUNERAL DIRECTOR REC'D BY REGISTRAR

1968

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. physicion and completely filled in within 72 h corban signed by the attending physicion and complete buriol-transit permit. Then please remove corb buriol, cremation, or removol, and in any event, be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been the State Dept. of Health prior to 00 for director, page 3 should should be filed with the TO HOSPITAL O

VR A15 (4)

30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

COTING				ERTIF	CATE OF DEATH				0.0	6156
1. DECEASED-NAME	First	4225	Middle		Last	2a. D	ATE OF DEATH			2b. HOUR
(Type or print)	Th	eron	Seba	W	latson		Ap Month	2º03	1968	4:00%
3. SEX Male		4. RACE W)	nite		5. DATE OF BIRTH 2/6/1900	0	6. AGE (In y	eors Dy) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7o. BIRTHPLACE (Stote of country) Tenne	or foreign SSEE	7b. CITIZEN OF V		8. MARRIEI WIDOWEI	NEVER MARRIED [X]		NTY OF DEATH rince Ge	orge	9	Md
10. CITY OR TOWN OF D Lanham			NAME OF HOSPITAL OR IN e street address) Mag Nursing	Home Home	and inhospital englishing e	mast of w	PATION (Kind of war arking life, even if the	k dane etired.)	12b. KIND OF EINDUSTRY	I DE
admission) STATE	Where decease arylar	13h COLINTY	• Geo •	Bre	OR TOWN 13d. INSIDE CIT	NO 🗌	13e. STREET AND NUM	MBER	n St.	ous
14. FATHER'S NAME	First	Middle	Last		15. MOTHER'S MAIDEN NAME			Niddle		Lost
	Alburi		Watson			Georg			Mone	
Yes, no or unknown)	R IN U.S. ARM	ED FORCES? or ar dates of service)	166. SOCIAL SECURITY I 577-28-4		INFORMANT Carole Tura	ano	2216-A			Md.
18. CAUSE OF DE	ATH (Enter onl	y ane cause per	line far (a), (b), and (c).)						NATE INTERVAL NSET AND DEATH
PART I. DEAT	H WAS CAUSED	BY: TE CAUSE (a)	(Ancin	om,	A TO315				3m	05
Canditians, if any, rise to immediat stating the under last.	e cause (a),	(b)	AS A CONSEQUENCE OF	NO,	maof L	ive	R, PAIN	AR	1 1 1 1	3
1550	GNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED	TO THE TERMINAL DISEASE O	RCONDITIO	N GIVEN IN PART 1(a)		
190. DATE OF OPER/	ATION 19b. (ONDITION FOR W	HICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	4	20b. IF YES, WERE FII CAUSES OF DEATH?	IDINGS CO	ONSIDERED IN CE	RTIFYING
210. ACCIDENT WA	CAUSE OF DEATH	HOUR A.M	Month Day Yeor	1	HOW INJURY OCCURRED (En	nter nature	af injury in Part 1 ar	Part 2, It	tem 18.)	
21d. INJURY OCCU While Not wh at wark at war	ile	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f.	LOCATION Street or R.F.D.	Na.	City or Tawn	. (Caunty	State
saw the	deceosed al	ive on_ 4	tended the decease 1 2 2 1 (did not) view the	940,0	nd fhat in (my) (our) or death.	pinian d	eoth occurred an	, 19_ the dot	, that te ond hour o	(I) (we) last and from the
22b. SIGNATURE	nin	nun ()	. Com	DEC	GREE PHYS.	MED. DIRECTOR	STAFF PHYS.	22c. D.	ATE SIGNED	168
22d. PHYSICIAN'S NAME (Type)	Non	mAn	2.60	neac	22e. ADDRESS 3503/	Enn	457 M	TR	AINIE.	end.
230. BURIAL, (REMATIO REMOVAL (Specify) Cremati	on 4	/25/68		coln	Cemetery	Co	LOCATION (City or Tov	nor,		(State)
24. FUNERAL DIRECTOR Hom		y's Fu	neral ADDRES	lt.Ra		PR 2	1968 red	JEKE	SIGNATURE	wife.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fundirector, page 3 should be detoched for use as the burial-transit permit. Then pleose remove carbon papers. Pages 1, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 hours after deoth Poge 4 may be retained by the hospital or attending physicion.

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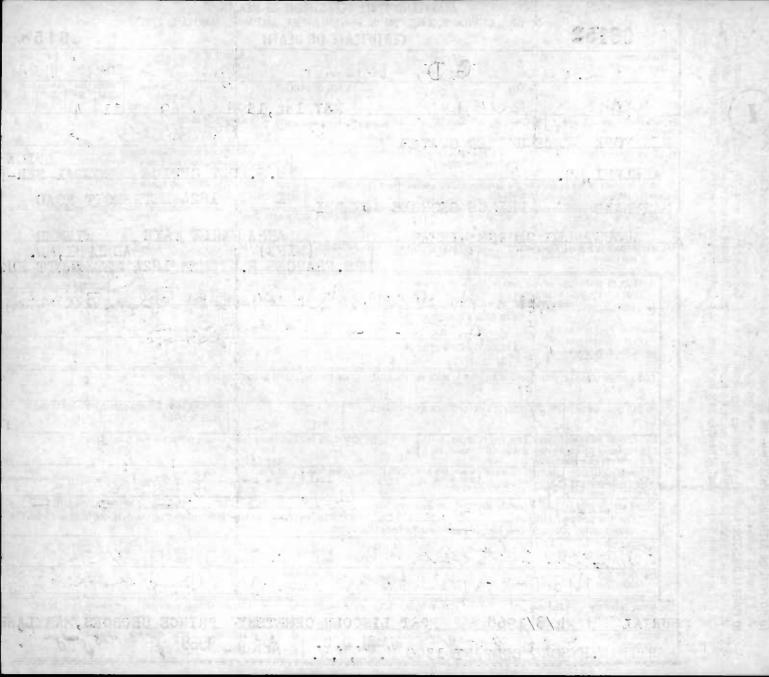
-	0 02. 0			A	CEKIIFIC	AIL UF	DEATH					0		
	EASED-NAME	First		Middle		Last		2a. DATE OF					21AN	PUR
(Түг	pe or print)	John		Clifford	i	White			Month	Bay	68	O1		50
3. SEX	Male		4. RACE Wh:	ite		5. DATE OF BIR 16/3/0			6. AGE (In years last birtbdoy)	_	IF UNDER 1 Y		HOURS 2	24 HRS. Min.
cauntr	Tellic	sse	U. S		WIDOWED		CED		ce Geor					M
10. CIT	Y OR TOWN OF DE		1 9	1. NAME OF HOSPITAL OR ive street oddress) Le	institution (if n	norial			Kind of wark d				USINESS	OR
130. U admiss		Where deceosi ryland		titutian: Residence befo P. G.	re 13c. CITY OR River		3d. INSIDE CITY LIMIT! YES NO		EET AND NUMBE		e Ro	ad		
	Ther's NAME Thomas	First	Middl	-	ite	S. MOTHER'S MAI		nnie	Midd	le	5,4	Wh	lost ite	
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and 2 er death. 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in b directar, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers ashauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval, and in any event, within 72 ho TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 30M REV. 1/68

VILLE L

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 58 DECEASED-NAME First Lost 2a. DATE OF DEATH 2b. HOUR deoth (Type ar print) pup 0 4. RACE IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX DATE OF BIRTH 6. AGE (In years ottending physicion ond completely filled in by the permit. Then please remove carbon papers. Pages 1 on, or removol, ond in ony event, within 72 hours ofter last birthdoy) MONTHS DAYS HOURS 1898 69 Pours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED [STATE YORK 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR deoth certificate be executed within give street address during most af working life, even if retired.) **INDUSTRY** ADELPHI . MD S.POST OFFICE POSTAT. cremation, or removol, and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY 1824 METZEROTT YES X NO MARYLANI DRINGE 15. MOTHER'S MAIDEN NAME First Middle Last GEORGE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADELPHI WIFE Yes, no. or unknown) METZ EROTT 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave : burial-tronsit rise to immediate cause (a), requires that p DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse signed burial. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending os the prior to hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [for use by the hospital or O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year of (If either, notify medical examiner) P.M. detoched 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, State Dept. 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram pe _19.67, and that in (my) (evr) apinian death accurred an the date and haur and fram the saw the deceased alive an_ should be retoined causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 should be filed DIRECTOR PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) /1968 CEMETERY PRINCE GEORGES 2So. REC'D BY REGISTRAR 19682Sb. FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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AL CREMATION.	23b. DATE		23c. NAME OF CE	METERY OR-						(Stote)
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DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) g the underlying couse 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CON	RESIDENCE (Where de Cosed lived, if institution: Residence before y land Partice Georges I Shame First Middle Lost Albert Wienecke-Deceased EVER IN U.S. ARMED FORCES? (If yes give wor or detes of service) AUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) The underlying couse (o), g the underlying couse (o), g the underlying couse (c) 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM TO WORK (Specify) ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT P.M. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT P.M. Month Doy Yeor P.M. 19 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC. I Certify that (I) (this hospital) attended the deceased saw the deceased alive an causes stated abave, (I) (we) (did) (did not) view the boundary of the properties of the properti	RESIDENCE (Where de Cosed lived, if institution: Residence before yland Prince Georges Bowie S NAME First Middle Lost Albert Wienecke-Deceased EVER IN U.S. ARMED FORCES? (If yes give wor or detes of service) 16b. SOCIAL SECURITY NO. 215 O1 7704 Residence of the country of the country of the country of the country of the underlying couse (o). 10	RESIDENCE (Where declosed lived, if institution: Residence before STATE STATE Albert Wienecke- DECEASED EVER IN U.S. ARMED FORCES? or unknown) AUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Or immediote couse (o), g the underlying couse DUE TO, OR AS A CONSEQUENCE OF OR OF DEATH (Enter only one couse per line for (o), (b), ond (c).) POSSIBLE EARLY MYOCARC (c) 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTO YES [L] ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor P.M. 19 INJURY OCCURRED CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Yeor P.M. 19 INJURY OCCURRED CONTRIBUTING CONTRIBUTING AND CONTRIBUTING OFFICE BUILDING, ETC. 19 S. and that in (machina) Causes stated abave, (1) (was) (did) (did not) view the bady after death. IGNATURE DEGREE ATTENDING PHYSICIAN'S NAME (Type) ROBERT DEITZ, M. D. PALL CREMATION, VAL (Specify) ALL CREMATION, VAL (Specify) PALL CREMATION, VAL (Specify)	RESIDENCE (Where decored lived, if institution: Residence before NATE of OPERATION Philips Conges Bowie Philips Not S NAME First Middle Lost Is. MOTHERS MAIDEN NAME First Elizabeth DECEASED EVER IN U.S. ARMED FORCES? (If yes give wor or deless of service) 16b. SOCIAL SECURITY NO. 215 O1 7704 Robert A Wiened AUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Severe stenosing coronary art DUE TO, OR AS A CONSEQUENCE OF Growth of the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) Possible early myocardial info DUE TO, OR AS A CONSEQUENCE OF (c) 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CON ATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES D NO ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. Month Doy Yeor INJURY OCCURRED 21c. PLACE OF INJURY HOUR A.M. Month Doy Yeor INJURY OCCURRED 21c. PLACE OF INJURY ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OFFICE BUILDING, ETC. ATTENDING PHYS. DEGREE ATTENDING ATTENDING PHYS. ALCEMATION, 23b. DATE 23c. 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250. REC'D BY REGISTRAR DAMPR 9 _ 1968

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paperer. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

24. FUNERAL DIRECTOR

April 8, 1968

F. Gasch's Sons

ADDRESS

Hyattsville, Md.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withly 74 Th

Page 4 may be retained by the hospital or ottending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06154 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Month Day Year Baby Boy Williams 1968 April S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE 6. AGE (In years 3. SEX OAYS last birthday) Male White April 18, 1968 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED attending physician ond completely filled in permit. Then please remove corbon popers Maryland U.S.A. WIDOWED [DIVORCED [transit permit. Then please remove corbon poper; cremotion, or removol, and in ony event, within 72 Prince George's 12o. USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) INDUSTRY give street oddress) Cheverly Cheverly Prince George's Con. Hosp.

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Prince Geo. odmission) STATEMaryland YES NO Riverdale 6812 Furman Parkway 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Middle Andrew Bryan Williams Jr Elizabeth Grab au Ann 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, ar unknawn) (If yes give wor or dates of service) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEATE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gove) rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO HOSPITAL OR ATTENDING FRIGHT.

Page 4 may be retained by the hospital or othending to FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the standard he filed with the State Dept. of Health prior to 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION CAUSES OF DEATH? NO 🗍 YES 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. Ng. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22o. I **certify** that (this haspital) attended the deceased from <u>April 18</u>, 19<u>68</u>, to <u>April 18</u>, 19<u>68</u>, that (we) last sow the deceased alive on <u>April 18</u> 1968, and that in (my) (our) opinion death occurred on the date and from the causes stated above. (I) (we) (did) (we) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE Milos A. Jansa, M.D. ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 7403 Varnum St., Landover Hills, Md. 23d. LOCATION (City or Town) 230. BURIAL CREMATION 23b_DATE 13c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL Specify Prince George's General Cheverly, Maryland 2Sb. REGISTRAR'S SIGNATURE HOS 256 URECD BY REGISTRAR Ochowles Judge WILLIAM A. PARKER, ASSOC. ADMINISTRATOR 30M REV 81-1065

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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o d b o			22a. I certify that (4) (this saw the deceased ali	haspital) attended the decease on	sed from Dec 1968, ond that body after death.	in (my) (our) opinio	n death occurred on the da	(we) last the and hour ond from the
Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the			22b. SIGNATURE	malu	C DEGREE P	ATTENDING MED. DIREC	STAFF C	DATE SIGNED 6
Page 4 may k ro FUNERAL D director, page shauld be file	1	,	22d. PHYSICIAN'S NAME (Type)	MALIN	14-1	2e. ADDRESS R MC	urdale	, med.
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERT	IFICA 1	E OF	DEATH

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. SE	X (4. RACE	BACK BY	S.	DATE OF BIRTH		6. AGE (in years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
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60.		AFD FORCES? 16	b. SOCIAL SECURITY N	O. 117. INF		11	Address	101301	IMNE
Y	es, no or unknown) (If yes give w		4		49	lask	8 11	/	
	18. CAUSE OF DEATH (Enter on	ly one couse per line f		20.0			1 1 1 1 1		MATE INTERVAL
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	Conditions, if ony, which gove		CONSEQUENCE OF	11	10,000				Name and Address of the Owner o
	rise to immediate couse (a),	(b)	CONCLORENCE OF	14 - 10	youar.				
			A CONSEQUENCE OF						
			C TO DEATH BUT NO	T DELATED TO T	HE TERMINAL DISEASE OR	ONDITION CIVEN	IN DADT 1(a)		
	4 2 A A	ADITIONS CONTRIBUTION	O TO DEATH BUT NO	I KELAIED TO I	THE TERMINAL DISEASE OR C	ONDITION GIVEN	IN PART I(0)		
NOI	190 DATE OF OPERATION 1196	CONDITION FOR WHICH	ODEDATION WAS DED	EUDWED	20g AUTOPSV2	20h IF 1	VES WEDE FINDING	S CONSIDERED IN C	ERTIFYING
2	TVO. DATE OF OFERATION 176.	CONDITION FOR WINCH	OI EXATION WAS I EX	IOKINED				S CONSIDERED IN C	LKIII TINO
ERTI	210 ACCIDENT WAS UNDERLYIN	IC TOTAL TIME OF IM	HIDV	In. now				0 1 10)	
				ZIC. HOW	INJUNT OCCURRED (EILIE	r noture of injury	in Port I or Port	z, iiem 16.)	
EDIC			19						
2	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT	HOME, FARM, STREET, FACT FICE BUILDING, ETC.	ORY,) 21f. LOCA	TION Street or R.F.D. No.	. City o	or Town	County	Stote
13	at work ot work	article Philips			1				
	22a. I certify that (1) (th	is hospital) attend	ded the decease	d from	8/30 , 196	5, to 4	19	that	(I) (we) last
	sow the deceased a	live on 4/	d pat) viau tha h	ody after do	hat in (my) (our) opi	nian death o	ccurred on the	date and haur	and from the
		s, (1) (we) (did) (di	d flot) view file o	ody uner de	ATTI.		1 25	DATE SIGNED	
	220. SIGNATURE	//	120	PECDEE	ATTENDING N	MED.	STAFF THE	16-9	110
10. CITY OR TOWN OF DEATH		6							
DISCRIPTION OF DEATH COUNTRY COUNTRY OF DEATH COUNTRY OF DEATH COUNTRY OF DEATH COUNTRY									
December December		(Stote)							
.30.	REMOVAL (Specify) 236.	15/18				1 02 . 1 . 1			(21016)
2/		1700		14 171					
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after the content of the prior of the p Page 4 may be retained by the haspital or attending physician. VR A15 (4 30M REV. 1/

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		Notes III	
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DATE

18&22a Film 403 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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2b. HOUR

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the funeral director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon papers. Pages A and should be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in ony event, within 72 hours after debt.

Poge 4 moy be retoined by the hospital or ottending physician.

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Home

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

ж.	POT BU		CERTITIO	CAIL OF DEATH				
Ī		irst M	liddle	Lost	2o. DATE OF			2b. HOUR
ı	(Type or print)	alph	W .	Wyman		April 2	7 196	8 DOA
3	3. SEX	4. RACE		5. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HR
	Male	White	9	4/26/1887		lost hirthdoy)	MONTHS DAYS	HOURS MIN
7	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNT	RY? 8. MARRIED	X NEVER MARRIED	9. COUNTY OF	DEATH		9 9 9
	washington	U.S.A.	WIDOWED		Pr	ince Geo	rge	1
	O. CITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL OR INSTITUTION (If r	not in hospitol 120. US	UAL OCCUPATION	(Kind of work done	12b. KIND OF INDUSTRY	BUSINESS OR
	Riverdale	give street addre		Memoria during			Nav	y Yar
	3o. USUAL RESIDENCE (Where decomposition) STATE Maryland	eosed lived, if institution: Reside				REET AND NUMBER	thoma	C+
	7	r.Geo.		ODATTO		Middle	onorpe	
	14. FATHER'S NAME First	Middle	Lost	S. MOTHER'S MAIDEN NAME				Lost
	160. WAS DECEASED EVER IN U.S.	Unknown ARMED FORCES? 116b. SOCIA	AL SECURITY NO. 117.	INFORMANT	U	nknown Address		
		ive war or dates of service)		A M. Wine	Mary Mary			lanan
=		only one couse per line for (o),		(Wif		ian (and	APPROX	IMATE INTERVAL
	PART I. DEATH WAS CA	JSED BY:	(b), ond (c).)	uyo con		P	BETWEEN	ONSET AND DEATH
	4/29 14	EDIATE CAUSE (o)	Ollener of	J. Co-	- Carlo	2		
	Conditions, if ony, which go	DUE TO, OR AS A CONSE		then	prof	crole.	2	
	rise to immediate couse ((b) (b)	MICE US) Cync	1701	7		-
	stoting the underlying cou-	se Dollo, ox AS A CONSE	Durce	lesti	a lu	om to	leno.	0
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DI		O THE TERMINAL DISEASE OF	R CONDITION GIVE	N IN PART 1(o)		
	= 4201	STORES THE						
	190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
	RTIFI			YES NO [OF DEATH?	A = 110	
		Ziei iiiie oi iiiooiii	Doy Yeor	OW INJURY OCCURRED (Ent	ter nature of inju	ry in Port 1 or Part 2	, Item 18.)	
	(If either, notify medical exc	ominer) P.M.	19					
		Te. PLACE OF INJURY (AT HOME, FA	IRM, STREET, FACTORY,) 21f. L. DING, ETC.	OCATION Street or R.F.D. N	lo. City	or Town	County	Stote
	While Not while at work ot work						-/ F	
ı	22a. I certity that (I)	(this haspital) attended the	e deceased tram.	d that in (my) (aur) a	pinion double	faul 27	ges and have	(I) (we)
	causes stated ab	ove, (I) (we) (did) (did nat)	view the bady after	death.	pinion death (accorred an me a	ure unu muor	unu-num
	22b. SIGNATURE	10	4	ATTENDING	MED.	STAFE 220	DATE SIGNED	-/
	KI	11/0 Cen	DEGI DEGI	REE PHYS. LA	DIRECTOR L	STAFF PHYS. ©	pul 2	8, 191
	22d. PHYSICIAN'S NAME (Type) Don	B. Cameron,	M.D.	22e. ADDRESS350	3 - Pe Rainie	rry St.		
2	23o. BURIAL, CREMATION, 23	Bb. DATE 23c	. NAME OF CEMETERY OR			ON (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	1/30/68 I	Ft.Lincol	n Cem.		ar Manor	. Md.	
-	24. FUNERAL DIRECTOR Nal	ey's Funera	ADDDICC	inier 250. REC'D	BY REGISTRAR	25b. REGISTRAP		Cudar
	Home Inc.	of b ranola,	- mostra.	DATE	MAY 2	100 A	- Too	1 0

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CER	TIF	CATE	OF	DEA	TH

06165

I. DECEASED-NAME	FILST Middle	LOST	ZO. DAIL OF DEATH	2b. HOUR p
(Type ar print)	Alfred	Wyre	April Manth 1, Day	1:30 M
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Male	Caucasian	Spt. 26.	, 1906 61 YRS.	MONTHS DATS HOURS MIN.
7a. BIRTHPLACE (State ar fareig		B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Connecticu	t USA	WIDOWED DIVORCED	Prince Georges	Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF		a. USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Cheverly			ring most of werking life even if retired.)	U of Md
13a. USUAL RESIDENCE (Where admission) STATE	deceased lived, if institution: Residence before 13b. COUNTY	VEC	DE CITY LIMITS? 13e. STREET AND NUMBER	
Maryland	Prince Georges	College Park -	4300 Fordnam	
14. FATHER'S NAME First	Middle Las	IS. MOTHER'S MAIDEN N	NAME First Middle	Last
17 WAS DESCRISED SWED IN III	? Wyre	ITVAIO 137 INFORMANT	?	
Yes, na. ar unknawn)	.S. ARMED FORCES? (res give war or dates of service) 16b. SOCIAL SECUR 723 16 7		Address	11.3
	W 11 725 10 7		re College Park,	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (E	nter anly ane cause per line far (a), (b), and		intomontoloulou	BETWEEN ONSET AND DEATH
	MMEDIATE CAUSE (a)		- interventricular	8 hrs.
2/17	DUE TO, OR AS A CONSEQUENCE			15 12.
Canditians, if any, which rise to immediate cause	e (a). (b)	Gastro-intestinal	nemorrhage.	10 0095
stating the underlying (1 250000
	NT CONDITIONS CONTRIBUTING TO DEATH BU	Esophageal Varice		
5810		nal cirrhosis of		
19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
19a. DATE OF OPERATION 21a. ACCIDENT WAS UND			NO TE CAUSES OF DEATH?	
	ERLYING 21b. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2,	Item 18.)
OR CONTRIBUTING CAUSE (If either, natify medical		ear 19		
	21e. PLACE OF INJURY (AT HOME, FARM, STREET		F.D. Na. City ar Tawn	County State
While Nat while at wark	OFFICE BUILDING, ETC.		The second second	
	1) (shiezhespital) attended the dece	eased from March 18	, 19 <u>68</u> , to <u>April 1</u> , 19 \$) opinian death occurred an the da	68 , that (1) * lost
saw the decea	sed alive on April 1	19 <u>68, and that in (my)</u> (my)	🖈) opinian death occurred an the da	te ond hour and fram the
22b. SIGNATURE	above, (I) (www.) (did) (didknown) yiew t	ne bady after death.	22-1	DATE SIGNED
220. SIGNATURE	mystelle	ATTENDING PHYS	OK MED. STAFF DIRECTOR PHYS.	4/2//8
22d. PHYSICIAN'S	/ / / / / /	726: ADDRESS	DIRECTOR - FILES.	1/0/00
NAME (Type)	William A. Holbrook	c, M. D. 4500 Co	ollege Ave., College	Park, Maryland
23a. BURIAL, CREMATION,	23b. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
REMOVAL (Specify)	April 5, 1968 Bea	QUET Dale CEM	elery New Haven - Ne	ew Haven, CONNA
24. FUNERAL DIRECTOR	ADDR	RESS 2Sa. F	REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
F. Gasci	is Sons HYETTS	ville, Nel DATE	APR 5 = 1968	arles Judge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fuperat director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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William A. Helbrook, M. D. 4500 Cellege Avo., Cellege Mark, Maryland